

**Notice of a public meeting of  
Health and Wellbeing Board**

**To:** Councillors Coles (Chair), Ayre, Runciman, Webb.  
Siân Balsom – Manager, Healthwatch York  
Dr Emma Broughton – Joint Chair of York Health and  
Care Collaborative  
Zoe Campbell – Managing Director, Yorkshire, York  
and Selby - Tees, Esk and Wear Valleys NHS  
Foundation Trust  
Sarah Coltman-Lovell - York Place Director  
Sara Storey – Corporate Director Adult Social Care and  
Integration, City of York Council  
Martin Kelly – Corporate Director of Children’s and  
Education Services, City of York Council  
Simon Morrith - Chief Executive, York and Scarborough  
Teaching Hospitals NHS Foundation Trust  
Mike Padgham – Chair, Independent Care Group  
Alison Semmence - Chief Executive, York CVS  
Peter Roderick - Director of Public Health, City of York  
Council  
Tim Forber - Chief Constable, North Yorkshire Police

**Date:** Wednesday, 20 March 2024

**Time:** 4.30 pm

**Venue:** The George Hudson Board Room - 1st Floor West  
Offices (F045)

## AGENDA

### 1. **Declarations of Interest** (Pages 1 - 2)

At this point in the meeting, Members and co-opted members are asked to declare any disclosable pecuniary interest, or other registerable interest, they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

*[Please see attached sheet for further guidance for Members].*

### 2. **Minutes** (Pages 3 - 10)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on **Wednesday, 24 January 2024**.

### 3. **Public Participation**

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines have changed to 2 working days before the meeting. The deadline for registering at this meeting is at **5.00pm on Monday 18 March 2024**.

To register to speak please visit [www.york.gov.uk/AttendCouncilMeetings](http://www.york.gov.uk/AttendCouncilMeetings) to fill out an online registration form. If you have any questions about the registration form or the meeting please contact the Democracy Officer for the meeting whose details can be found at the foot of the agenda.

### **Webcasting of Public Meetings**

Please note that, subject to available resources, this public meeting will be webcast including any registered public speakers who have given their permission. The public meeting can be viewed on demand at [www.york.gov.uk/webcasts](http://www.york.gov.uk/webcasts).

**4. Report of the Chair of the Health and Wellbeing Board** (Pages 11 - 20)

This paper is designed to summarise key issues and progress which has happened in between meetings of the Health and Wellbeing Board, giving Board members a concise update on a broad range of relevant topics which would otherwise entail separate papers.

**5. Report of the York Health and Care Partnership** (Pages 21 - 40)

This report provides an update to the Health and Wellbeing Board regarding the work of the York Health and Care Partnership, progress to date and next steps.

**6. Update on Goal 6 of the Joint Health and Wellbeing Strategy 2022-2032: 'Reduce health inequalities in specific groups'** (Pages 41 - 60)

This paper provides the Health and Wellbeing Board with an update on the implementation and delivery of one of the ten big goals within the Local Joint Health and Wellbeing Strategy 2022-2032.

**7. Update on Dentistry** (Pages 61 - 68)

This report sets out the current state of dental services within the City of York, providing an update on the national dental recovery plan (launched February 2024) and future Humber and North Yorkshire Integrated Care Board plans for dentistry.

**8. Annual Update on the JSNA** (Pages 69 - 74)

This report provides members of the Health and Wellbeing Board with an update on the Joint Strategic Needs Assessment, including work undertaken in the last year by the York Population Health Hub and planned work for the coming year.

**9. Healthwatch Report: Community Pharmacy** (Pages 75 - 124)

This report is for the attention of Board members, sharing a Healthwatch report which looks at the results of a survey exploring people's experiences at community pharmacies, led by Healthwatch York in partnership with Healthwatch North Yorkshire and Community Pharmacy North Yorkshire.

## 10. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer: Ben Jewitt

Telephone – 01904 553073

Email – [benjamin.jewitt@york.gov.uk](mailto:benjamin.jewitt@york.gov.uk)

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting Ben Jewitt  
Democracy Officer

- Registering to speak
- Written Representations
- Business of the meeting
- Any special arrangements
- Copies of reports

**This information can be provided in your own language.**

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

 (01904) 551550

**Declarations of Interest – guidance for Members**

- (1) Members must consider their interests, and act according to the following:

| <b>Type of Interest</b>   | <b>You must</b>  |
|---|--|
| Disclosable Pecuniary Interests   | Disclose the interest, not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.   |
| Other Registrable Interests (Directly Related)<br><b>OR</b><br>Non-Registrable Interests (Directly Related) | Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.  |
| Other Registrable Interests (Affects)<br><b>OR</b><br>Non-Registrable Interests (Affects)                   | Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being:<br>(a) to a greater extent than it affects the financial interest or well-being of a majority of inhabitants of the affected ward; and<br>(b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.<br>In which case, speak on the item <u>only if</u> the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation. |

- (2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.
- (3) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

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City of York Council

Committee Minutes

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|           |   |
|-----------|---|
| Meeting   | Health and Wellbeing Board  |
| Date      | 24 January 2024   |
| Present   | <p>Councillors Coles (Chair), Runciman, Webb, Waller (Substitute)</p> <p>Sian Balsom - Manager, Healthwatch York</p> <p>Zoe Campbell – Managing Director, Yorkshire, York &amp; Selby - Tees, Esk &amp; Wear Valleys NHS Foundation Trust</p> <p>Sarah Coltman-Lovell – York Place Director</p> <p>Martin Kelly - Corporate Director of Children’s and Education, City of York Council</p> <p>Lucy Brown (Substitute for Simon Morritt) – Director of Communications, York &amp; Scarborough Teaching Hospitals NHS Foundation Trust</p> <p>John Pattinson – Chief Executive, Independent Care Group (Substitute for Mike Padgham)</p> <p>Alison Semmence - Chief Executive, York CVS</p> <p>Peter Roderick - Director of Public Health, City of York Council</p> |
| Apologies | <p>Councillor Ayre</p> <p>Michael Melvin – Director of Adults Safeguarding, City of York Council</p> <p>Dr Emma Broughton – Joint Chair of York Health &amp; Care Collaborative</p> <p>Simon Morritt – Chief Executive, York &amp; Scarborough Teaching Hospitals NHS Foundation Trust</p> <p>Mike Padgham – Chair, Independent Care Group</p> <p>Lisa Winward – Chief Constable, North Yorkshire Police (Retired)</p>  |

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### 170. Declarations of Interest (4:36pm)

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing

interests, that they had in relation to the business on the agenda. None were declared.

### **171. Minutes (4:36pm)**

Resolved: That the minutes of the Health and Wellbeing Board meeting on 22 November 2023 be approved as a correct record subject to the following amendment:

- i. Amend the wording of, item 162 of the minutes, “and that service provision for autism was the same as it was before the pilot commenced”, to “and that service provision for autism was *not* the same as it was before the pilot commenced”.

### **172. Public Participation (4:37pm)**

It was reported that there were two registrations to speak under the Council’s Public Participation Scheme.

Hilary Conroy spoke on item 7 regarding the York Neurodivergency Project. Hilary expressed concern at the lack of consultation with the local neurodivergent community prior to signing off this project and questioned the appointment of the ADHD Foundation to lead the pilot; she believed there was a conflict of interest due to its’ Chair also being the Chief Executive Officer (CEO) of neurodivergence assessment and diagnosis organisation, Do-IT Solutions.

Abigail Darton spoke on item 7, representing York Travellers Trust. Abigail stated that she was investigating Gypsy and Traveller Experiences of Education in York in relation to mental health and neurodivergence. She suggested that people from Traveller communities were more likely to receive punitive responses due to negative stereotypes. She also raised the issue of communication from GP practices regarding ADHD and how more training was required for this purpose.



**173. Report of the Chair of the Health and Wellbeing Board  
(4:43:pm)**

The Board received a report from the Chair, which contained updates on a number of local, regional and national areas of work; an update from the co-chairs of the York Mental Health Partnership and recommendations from Healthwatch York Reports.

The Director of Public Health, City of York affirmed a commitment to follow up on Healthwatch recommendations and confirmed that he would be meeting with the Manager at Healthwatch York to look at formulating a process to do this.

He also advised that there had been several hundred cases of measles in the West Midlands, and that 1 in 5 children in the York area did not have an MMR vaccination. He encouraged anyone unvaccinated to see their GP.

The Chief Executive, Independent Care Group stated that the recent announcement of £500 million of Central government funding for social care could ease the pressure of budgetary cuts within the care system.

The York Place Director commented on the provision of dental services in York and the closure of the Blossom Street Practice; She confirmed that formal notification had not yet been given to the ICB by Blossom Street Practice, but that the ICB would support patients in securing an alternative provider. She advised the Board that the ICB had elsewhere reacquired dental contracts from BUPA, which would increase NHS dental capacity for York. She also stated that the ICB would meet with dental providers throughout the North East and Humber in mid-March to discuss urgent care pathways and support for people with additional needs.

The Managing Director, TEWV NHS Foundation Trust stated that there had been successful recruitment into the Mental Health Hub and that partnerships had been strengthened with joint working protocols.

Resolved: That the Health and Wellbeing Board noted the report.

Reason: So that the Board were kept up to date on: Board business, local updates, national updates, and actions on recommendations from recent Healthwatch reports.

#### **174. Report of the York Health and Care Partnership (4:57pm)**

The York Place Director and Deputy Place Nurse Director presented the report.

The York Place Director stated that since November the Frailty Hub had been running in partnership between volunteer groups and GPs and since November's meeting of the York Health and Care Partnership (YHCP), funding had been secured for the hub.

The Director of Public Health noted that as a result of a recent LeDer report, the number of people with learning disabilities getting a health check was increasing, and he suggested further improvements to the physical health of these people might also be encouraged.

In response to a question from the Chair, the York Place Director confirmed that elected members could be involved with the Frailty hub and Discharge Hub and that while the frailty hub was not hospital based, the discharge hub was.

In response to questions from members about recruitment across Place and volunteer sector, the Chief Executive, York CVS acknowledged challenges but confirmed that York CVS was receiving more applications for vacancies than it had previously; the issue was with retention of staff. The board discussed the complex nature of recruitment in the voluntary sector.

Resolved: That the Board note the report of the YHCP.

Reason: So that the Board were kept up to date on the work of the YHCP, progress to date and next steps.

#### **175. Children and Young People's Plan (5:30pm)**

The Head of Innovation and Children's Champion, and Corporate Director of Children and Education presented the

report and in response to questions from members confirmed that:

- The council's commitment to the plan was due to be agreed at the Executive meeting of 20 February 2024.
- Once the plan was launched, publicity would be shared throughout the strategic partner network.
- A Task and Finish Group had been set up with the inclusion of key partners from voluntary and community services.
- The plan was positioned under the Safeguarding Partnership, and it was subject to a biennial audit of which included the voluntary sector.

The York Place Director advised that data was more useful when made available on a York Place level, as data reported between NHS Trusts was not suitable for improvement purposes.

The Corporate Director of Children and Education requested that partners get in contact within the next 4 weeks with suggestions of data to be collected to contribute to the plan.

The Director of Public Health stated that although it was difficult to get national data for children and healthy lifestyles, the board could obtain information on this through amendments to the School Health and Wellbeing Survey.

#### **176. SEND Update (5:57pm)**

The Assistant Director, Education and Skills and the Corporate Director, Children and Education presented the report.

The Assistant Director, Education and Skills stated that significant improvement had been noted in several areas of weakness identified by Ofsted and the Care Quality Commission (CQC) in 2019 and felt that partnership working in this area had been good.

She stated that the Local Area Inclusion Plan on SEND strategy required significant engagement work in the coming 12 months, and welcomed input from the neurodiverse community and York Travellers Trust as discussed during Public Participation.

The Assistant Director, Education and Skills confirmed that SEN support within schools would identify a need for EHCPs, and that schools would ensure provision was put in place well in advance of the request for statutory assessment being finalised.

The Corporate Director, Children and Education noted that City of York Council had invested in creating a designated social care officer role to address needs raised by this report.

The Board discussed the success of Early Talk for York and the Corporate Director, Children and Education stated that it would be extended to More Talk for York for further support for Speech and Language.

In regard to issues raised during Public Participation, the Corporate Director, Children and Education stated that the ADHD Foundation was a well-respected national organisation and charity working with the neurodiverse community. He welcomed meeting with both speakers to further understand their concerns.

The Corporate Director, Children and Education also discussed the NHS “Waiting Well” service – requesting partners ensure they were doing absolutely everything they could to offer provision to young people awaiting treatment or assessment, as not doing this could lead to long term damage.

Resolved: That the Health and Wellbeing Board noted and commented on the contents and implications of the report.

Reason: To provide the Health and Wellbeing Board with an understanding of the work taking place to implement the SEND Strategy and the SEND Operational Plan.

**177. Implementation, Delivery & Performance Monitoring of the Joint Health and Wellbeing Strategy 2022-2032 (6:01pm)**

The Director of Public Health presented the report and in response to questions from members advised that making bus

stops and other public spaces free of advertising for foods high in fat, salt and sugar would be a useful policy for improving healthy eating.

The Director of Public Health confirmed that the childrens' data could be broken down by gender for a future board meeting, for discussion around "Make Space for Girls".

Resolved: That the Health and Wellbeing Board noted and commented on the updates provided within this report and its associated annexes.

Reason: To ensure that the Health and Wellbeing Board fulfilled its' statutory duty to deliver on their Joint Local Health and Wellbeing Strategy 2022-2032.

Cllr Coles, Chair

[The meeting started at 4.35 pm and finished at 6.42 pm].

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## Health and Wellbeing Board

20<sup>th</sup> March 2024

Report of the Chair of the York Health and Wellbeing Board

### Chair's report and updates

#### Summary

1. This paper is designed to summarise key issues and progress which has happened in between meetings of the Health and Wellbeing Board (HWBB), giving Board members a concise update on a broad range of relevant topics which would otherwise entail separate papers.

#### Key Updates for the Board

2. An update on the delivery of York's **Dementia Strategy** is at Annex A to this report.
3. An update on the Better Care Fund is at Annex B to this report.
4. The York and North Yorkshire **Domestic Abuse Strategy** was published in February. It is estimated that 32,500 adult victims across York and North Yorkshire are affected by Domestic Abuse, and our joint strategy is framed around a clear message that domestic abuse will not be tolerated, and we will collaborate to prevent it and reduce its harms. The strategy underpins crucial support to victims and survivors of domestic abuse and also work with perpetrators to reduce risk of harm. The adoption of the strategy, its key priorities and commitments provides a whole system approach with multi-agency working at its heart. City of York Council, along with North Yorkshire Council, the Office of Fire, Police and Crime Commissioner and North Yorkshire Police are working in partnership to offer a range of interventions and support, as well as a focus on prevention, understanding healthy relationships and raising awareness of what constitutes domestic abuse.
5. The **Annual Report of the Health Protection Committee** was received by the council's Executive in February. The report noted the ongoing challenge of infectious diseases, screening and vaccination uptake and environmental hazards in the city, and included information on the ongoing risk of measles outbreaks, and on the demand and funding issues faced by the city's sexual health services, together with a

rise in rate of certain STIs in York. The discussion focussed on the challenge of public health funding and the use of the public health reserve.

6. **Pharmacy provision in York:** Pharmacies are essential to the UK health system. They provide a broad range of services including dispensing, medications reviews, flu vaccinations, and advice on over-the-counter treatments. Recently pharmacists have been given new powers to prescribe medications for some common conditions. Every three years the York public health team produce a Pharmaceutical Needs Assessment (PNA) on behalf of the HWBB. This is to assess the access to pharmacy provision in York. In 2022 the PNA found 'There is adequate choice of pharmacies and a good geographic spread of pharmacies in York.'
7. Since then, nationally and locally, there has been a pattern of pharmacies reducing hours and some closures. One pharmacy closure in York has created a gap in provision: some households which previously had good access to pharmacies are now more than a 15-minute walk from a pharmacy following a closure of a Boots Pharmacy in Clifton in February 2024. In response, public health are publishing a supplementary statement on this closure, this can be used by other pharmacies as evidence of need if they are looking to open a new branch in York. Neither the local authority or the ICB have any powers to refuse a closure of a pharmacy. The Pharmacy Services Regulations Committee (PSRC) must be notified by a pharmacy wishing to close or reduce hours, but the PSRC is also not able to refuse the closure so long as sufficient notice is provided. Locally, a number of partners - including local ward councillors – are working together on a solution to the Clifton pharmacy access issue.
8. A new provider has been awarded the contract for the **York Drug and Alcohol Service**. The current contract with Changing Lives ends on June 30<sup>th</sup> 2024 and over the last 18 months the public health team have followed the full procurement process to recommission the service. At the end of January, we were able to award the contract to Change Grow Live (CGL). CGL had impressed the panel throughout the evaluation process. They have proposed a strong service model and have clearly explored the needs in York and how best to use the contract value to provide sound, safe effective services. They will provide an Integrated Adult and Children/Young People's service, with a very strong clinical model for the treatment aspect of services. They have great plans to capitalise on some of our strengths in York, for instance our community rehabilitation model, recovery community and lived experience programmes. Their values are Be Open, Be Compassionate, Be Bold were clearly demonstrated in their



presentation with their enthusiasm to be a key partner supporting the people that live here.

9. **Healthwatch York Recommendations:** The Director of Public Health, the Manager at Healthwatch York and the Health and Wellbeing Partnerships Co-ordinator met recently to discuss how we can best monitor the implementation of the recommendations contained within Healthwatch York reports.
10. They have suggested that an annual update on the recommendations from the last 12 months of Healthwatch York reports be included within Healthwatch York's annual report.
11. The Health and Wellbeing Partnerships Co-ordinator will facilitate this process and will be in touch with board members soon to ask for their updates.

**Author:**

Tracy Wallis  
Health and Wellbeing  
Partnerships Co-ordinator

**Responsible for the report:**

Cllr Jo Coles  
Executive Member for Health, Wellbeing and  
Adult Social Care

**Report  
Approved**

**Date**

**Specialist Implications Officers**

Not applicable

**Wards Affected:**

All

**For further information please contact the author of the report**

**Annexes**

**Annex A:** Update on the Implementation of the Dementia Strategy

**Annex B:** Update on the Better Care Fund

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## **Update on the delivery of the York Dementia Strategy**

1. The dementia strategy has been developed through collaboration between City of York Council, The York Health and Care Partnership, Healthwatch York, local community and voluntary providers, Tees Esk and Wear Valleys Trust, and the York and Scarborough Teaching Hospital NHS Foundation Trust.

### **Dementia Diagnosis Rate (DDR)**

2. The DDR at the end of January is 51.9%
3. There are thought to be 3221 people with dementia in the City of York. Of these, only 1670 have received a formal diagnosis. Of the 3221, it is estimated that two thirds will be living in the community, whilst a third will be living in care.
4. The average referral rate to the York Memory Service over 12 months has increased to over 90 per month, however with no corresponding increase in diagnosis rates. This is due to the capacity of the memory service to undertake assessments. Business continuity plans are in place, including allocating staff resources from other service areas.
  - Average wait time for first appointment is 24 weeks
  - Average wait time for diagnosis is 28.5 weeks
  - Number of people waiting for assessment is 482

### **In mitigation to the long waits:**

- People identified with suspected dementia can be referred to Dementia Forward for pre-diagnostic support
- Those referred to the York Memory Service are risk assessed at the point of referral and contact is maintained as per the risk assessment.

- Contact details of the team are provided should their condition deteriorate/change while they wait, and the service maintains contact with the GP
5. The ICB has secured funding to undertake an audit and data cleanse in York practices to ensure diagnoses are being recorded correctly. Incorrect coding not only has an impact on the DDR but it also means people with dementia do not get invited in for annual dementia health checks and other associated support. The coding issues can be resolved via initial cleansing of GP registers alongside the development of a training resource/toolkit to ensure that correct coding is used by all services who diagnose dementia. This will help create a more sustainable approach to maintaining dementia diagnosis rates and ensure that people living with dementia receive the appropriate follow up care. This work has previously been undertaken in London and led to an 8.8% increase in the dementia diagnosis rate within 12 months.
  6. The Humber and North Yorkshire (HNY) dementia programme partners have been working to understand the challenges impacting on the low DDR and recover rates to ensure people are able to access the right support and able to live as well as they can with dementia. There is a strong likelihood that a disease modifying drug will be approved for use in the UK from 2025 which is likely to see an increase in the number of referrals into memory services. To prepare for this, it is essential that clearing the waiting list backlog is a priority and the ICB, along with the HNY programme is exploring options for alternative diagnostic pathways and for addressing bottlenecks in the memory service.

### **Brain Health Café**

7. Funding has been secured to extend the Brain Health Café. Sessions now take place weekly, every Friday at Acomb Garth Community Care Centre and Wigginton Recreation Centre. There are a range of activities and advice relating to brain health and tips on managing

memory decline. Also, a nurse from the memory service attends each month to answer questions and provide support. A member of staff from Adult Social Care is also on hand to answer questions relating to social care and support.

### **Annual reviews in primary care**

8. In response to feedback from carers, the dementia strategy delivery group is piloting the delivery of holistic, personalised annual reviews for people with dementia that, along with a review of physical health, will include signposting to social activities and an assessment of carers needs.

### **Dementia Pathway**

9. The ICB with City of York Council has secured funding to develop an online module of the dementia pathway that will be added to the Live Well York site. Engagement has taken place with carers and people with dementia to ensure their experiences are reflected in the pathway.

### **Memory Support Advisors**

10. The ICB has secured funding for three Memory Support Advisors in primary care and integrated into the frailty hub. Their initial focus is on support for the aged 90+ housebound and frail population with suspected dementia but no recorded diagnosis. The Diagnosing Advanced Dementia Mandate (DiaDeM) is used to identify and diagnose people in the community, along with those people in care homes with dementia. Work is ongoing with partners to ensure the sustainability of the service when funding ends in September 2024.
11. Partners also continue to work together to develop a future model of integrated community-based dementia care and support that shifts the focus of delivery to early help and prevention.

### **Cognitive Rehabilitation**

12. A bid last year to the National Lottery for a small cognitive rehabilitation pilot was successful. The cognitive rehabilitation pilot has worked with 18 people with dementia and their carers. Evaluation is ongoing, however initial feedback indicates that people

with dementia were supported to identify their own goals for improving/maintaining daily activities with their family carer. Participants reported the rehabilitation exercises 'kept their brain active' and helped with daily activities such as using a phone, TV/radio controls, recalling family names, and in doing so helped to maintain their confidence and independence.

### **Advance Care Planning**

13. The Palliative Care Social Worker from St Leonard's Hospice is a member of the dementia strategy delivery group and has worked with partners to establish a training course in Advance Care Planning. The training sessions are designed to normalise and enhance decision making in end-of-life care. Participants develop skills needed to lead conversations on end-of-life care preferences and gain an insight into the types of decisions, legal protections and how best to support friends, families, and patients.

### **Dementia Steering Group**

14. The Steering Group will reconvene shortly under the leadership of the new Corporate Director for Adult Social Care.

### **Delivery Plan**

15. An updated version will be presented to the next meeting of the dementia steering group. A public facing plan was published last September, however as the plan is a living document, this is now being updated and a revised version will be available online shortly.

### **Better Care Fund (BCF) Update**

City of York and the ICB collectively oversee £21.7m spend across Health and Social Care to support system flow, maintain independence, reduce hospital delays and admissions.

A BCF Delivery Group has been in place to make collective decisions around how we spend the money allocated within the BCF and what schemes have the greatest impact. This group has recently undergone a change in structure, to focus more on joint commissioning under a system lens, looking at the way all funding is utilised, including, but not limited to, the BCF. In conjunction with this, we also have a quarterly provider led meeting in addition to officer led joint commissioning forums.

We have recently completed a review of all the schemes with a view to determine which are delivering value for money, which are core with contractual obligations against them and which can be reviewed for potential re-focusing to ensure we are responding to the needs of the population and crucially, changing the way we deliver health and care to provide better experiences for patients and improved clinical outcomes.

The reviews have been successful and have enabled a new way of delivery through an Integrated Frailty Hub together with a single team working together including the CVS, Brokerage Social Workers, Intermediate Care, PCNs, CRT, TEVW and the Acute Trust. The service went live 6 months ago and is now fully embedded into the intermediate care landscape. We are now looking to expand the reach of the service by including an in-reach model for pathway 1 patients.

As part of our commitment to Home First we are recommissioning our Reablement Services that will support all needs including Physical Disability, Learning Disability and Mental Health. We are aiming to support a majority of people coming out of Hospital through Reablement Services and Intermediate Care, as this supports our ethos of Early Intervention. We are working with health colleagues to refine the specification for reablement services to ensure a truly integrated model.

The scope of this programme is extensive, reflecting the degree of transformation that is required if we want to make a shift in how health and care are delivered and funded to ensure we are designing fit for purpose, sustainable services that are both futureproof and flexible enough to adapt to shifting landscapes.

The BCF Project Manager works closely with finance and health colleagues and a monthly assurance is sent to the National BCF Team. Most recently we have completed our Winter Plan including the additional social care winter monies. The bid, which was successful, comprised additional step-down beds, community support and domiciliary care as well as a contribution to the newly established York Frailty Hub which focuses on prevention and admission avoidance.

Next steps for the BCF Delivery Group is to have discussion around further growth and pooling of monies. As the Group comprises of all partners, decisions are made collectively ensuring a whole system approach.





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**Health and Wellbeing Board**20<sup>th</sup> March 2024**Report of the York Health and Care Partnership****Summary**

1. This report provides an update to the Health and Wellbeing Board (HWBB) regarding the work of the York Health and Care Partnership (YHCP), progress to date and next steps.
2. The report is for information and discussion and does not ask the Health and Wellbeing Board to respond to recommendations or make any decisions.

**Background**

3. Partners across York Place continue to work closely together to commission and deliver integrated services for our population. The YHCP shares the vision of the York Health and Wellbeing Strategy that in 2032, York will be healthier, and that health will be fairer.
4. The YHCP has an Executive Committee (shadow) which is the forum through which senior Partnership leaders collaborate to oversee the delivery of the Partnership priorities. The Executive Committee meets monthly, and minutes from the last two meetings held in January and February 2024 are included at Annexes A and B to this report.
5. This report provides an update to the York Health and Wellbeing Board on the YHCP's progress since the last report provided in January 2024.

**Update on the work of the YHCP****January 2024 Executive Committee Meeting**

6. In January the Place Board discussed progress towards the Partnership's six priorities, as outlined below:

- 7. Strengthening York's Integrated Community offer:** Work towards this ambition continues with the establishment of the York Frailty Crisis Hub. This is a new service for Winter 2023/24 and is a fully integrated collaborative team from four different providers working together at Acomb Garth Community Centre. The aim is to support and keep people that are vulnerable and frail safe in their homes whenever possible, whilst respecting people's wishes. An important part of this model is the Extra Discharge Support Service provided by three voluntary sector organisations which support patients when they are discharged from hospital. The Frailty Advice and Guidance line was also launched in November 2023. The line provides additional support to clinicians working with vulnerable and frail people with the hope that with this additional support, these individuals can continue to be cared for at home.
- 8. Implement an urgent and emergency care offer:** Joint work with Nimbuscare has strengthened over the winter period to provide additional support to our population. This includes the establishment of Primary care hubs at New Earswick, the York Urgent Treatment Centre and Scarborough Urgent Treatment Centre, all running 8am-6pm Monday to Friday. The North Yorkshire Clinical assessment service has also been established, which has a GP co-located in a Yorkshire Ambulance Service centre to provide remote clinical triage and assessment for York residents. These schemes provide additional and flexible capacity into the system and early indications suggest they have provided additional support to our population, and reduced pressures the York health and care system over the first period of winter. All partners expect to realise the ambition and benefits of an integrated urgent care service ahead of winter 2024/25.
- 9. Further develop primary and secondary shared care models:** York Place has a well-established Primary/Secondary Care Interface Group that meets monthly, with senior clinical representation from York and Vale Practices, and York & Scarborough Hospitals. The group has dedicated GP resource, which is leading practical, clinical pathway transformation projects in partnership with Hospital colleagues. Examples of pathway development projects to date include neurology, gynaecology, and dermatology. Work is in progress across the ICB to explore how our different Primary/Secondary shared care models can be further developed, and potentially scaled across the ICB, to deliver more clinically effective pathways and better patient experience.

10. **Develop a partnership based, inclusive model for children, young people and families:** The CYP Quality lead working with key partners to establish priorities based on data and intelligence from key stakeholders, including consideration of CYP with Speech, Language and Communication Needs, CYP with Special Educational Needs and Disabilities, who are looked after or care leavers and those who are a Child in Need, or on a Child protection plan.
11. **Integrated prevention and early intervention model:** work continues to scope what an integrated prevention and early intervention model should look like for York Place, including a comprehensive review of the prevention workforce across the York system, and the development of an expert steering group to inform future models of care. The aim is to develop a model that is evidence-based and tailored to the meet the specific needs of York's population. Delivery of the 2023/24 Health Inequalities projects continues to progress well, including improving care to many of York's Core20PLUS5 populations such as sex workers, asylum seekers and refugees.
12. **Drive social and economic development:** partnership work on workforce has strengthened over 2023/24, with a comprehensive work plan in place including future recruitment events for health and social care, the care leavers support programme, and plans to increase placement providers across health and care roles.
13. At the January meeting the Place Board also discussed the development of Family Hubs which are a key integration priority for the Partnership. The Board agreed with the vision and ambition of the Family Hubs model and emphasised the need to build trust with our communities so that access, outcomes, and experience can be improved for children, young people, and their families. Further work will continue in Partnership to develop a health inequalities project to be embedded into the Family Hubs model in collaboration with the Integrated Care Board and CYC Public Health.
14. The Partnership also discussed the development of Integrated Neighbourhood teams, which are a national initiative, to support teams and services to work in a much more integrated way across the system. A further update on this work will be provided at the May Place Board and subsequently to the Health and Wellbeing Board.

February 2024 Executive Committee Meeting

15. The focus of the YHCP Executive Committee meeting was mental health. Professor Lynne Gabriel, one of the co-chairs of the York Mental Health Partnership was in attendance to present and contribute to the discussions. There were four substantive items on the agenda, all with a focus on mental health. These were as follows:
16. **Realignment of the York Mental Health Partnership (YHCP) From the York Health and Wellbeing Board to the York Health and Care Partnership:** The York Mental Health Partnership is a longstanding partnership that has existed for and developed over the past 10 years or so. Its current key focus is developing a community based; research informed approach influenced by Trieste in Italy. This approach has shown that connecting people with opportunities already existing across mental health provision helps to maintain and improve health and wellbeing. The Partnership's high-level vision is of a Whole Life, Whole Person, Whole System approach and a city where citizens can:
  - All feel valued by our community, connected to it, and can help shape it
  - Are enabled to help ourselves and others, build on our strengths and can access support with confidence
  - Are proud to have a mental health service that is built around our lives, listens to us, is flexible and responds to all our needs
17. An early project for the Partnership connected system leaders; brought together key representation from across the mental health network, including NHS, local authority, VCSE and lived experience representatives (co-production). This ultimately became the *Connecting our City* Project. With the aid of Community Mental Health Transformation Funding the *Connecting our City* project has been able to develop a community mental health hub model leading to a recent city centre mental health hub pilot/prototype.
18. The Partnership has to date been operating as a sub-group of the Health and Wellbeing Board. Realigning the York Mental Health Partnership to the YHCP will bring reciprocal benefits and would actively align the ambitions of *Connecting our City* project with the vision of the YHCP.
19. For the Partnership to move into its next phase of development it is crucial that all partners within the health and social care system are

supportive of the partnership's aims and priority areas of work. It is also important that, going forward, the Mental Health Partnership has strong and robust governance arrangements through a Joint Delivery Group, a Memorandum of Understanding across system partners and the YHCP to enable the development and continuation of community mental health hubs as well as the further development of the Partnership itself.

20. As part of this realignment the Partnership is committed to supporting the YHCP to transform mental health services in the city; delivering against the mental health priorities in the Joint Health and Wellbeing Strategy 2022-2032; reviewing the Partnership's structure and purpose; exploring how the Partnership can better be an *all-age* collaborative and creating a workplan that reflects priority areas for the partners across the health and social care system.
21. **Mental Health Hub Progress and Future Plans:** The Hub model has been co-designed by a group of practitioners from both health and social care, commissioners, voluntary sector and individuals with lived experience and carers. It provides a step forward in terms of transforming local mental health support and services. It aims to be accessible, deliver timely, flexible, person centred and strength-based care and support within a welcoming environment. The hub model prioritises prevention and acting early to support people with their mental health and wellbeing being along with their social needs. It draws on assets and resources of people and their communities. It is for adults with a mental health need and will be staffed by a multidisciplinary team that draws together resources and expertise from across the voluntary and statutory sectors.
22. A prototype mental health hub was delivered alongside other services at Clarence Street in 2023. Whilst the prototype hub faced several challenges evaluation of and learning from these has helped the development of a plan for the delivery of a sustainable mental health hub model that can be rolled out across the city over the next 12 to 18 months.
23. There is a commitment across system partners to open permanent hubs in the city with the aim to open the first in April 2024.
24. **Broadening our Mental Health Offer Alongside Social Determinants of Health: Multi-Agency Visit to NAVIGO (Grimsby) in January 2024:** In January 2024 a small group of staff from across the health and social care system in York visited NAVIGO, a health

and social care community interest company that provides mental health services across Northeast Lincolnshire. The basis of NAVIGO's work is to deliver services that they would be happy for their own family to use. They offer a range of mental health services including acute and community facilities as well as specialist support. They also run an income generating business that provides training, education and employment opportunities.

25. The visit enabled our local staff to learn about a successful model of health, social care and housing integration, whole system awareness, approaches and partnerships and organisational culture collaboration.
26. **Update on Mental Health Urgent and Emergency Care Provision:** The importance of being able to access mental health care and support at a time of crisis is essential to support the safety and wellbeing of people in their communities. Urgent and emergency mental health support is provided by many organisations across York and a person in crisis may present or seek support from any of those organisations.
27. YHCP received information on the current state of mental health urgent and emergency care provision including acute hospital liaison teams, crisis and home-based treatment teams, 0800 crisis line, learning from people's experience of service and co-creating future developments, Right Person Right Care, Force Control Room Team, urgent and emergency mental health care pathway governance and community mental health hubs.
28. Progress to improve these services is being made but there is still considerable work to be done to deliver transformed services for those experiencing mental health crisis.
29. **Reflections and Key Messages from the February YHCP Meeting:**
  - It was evident that the proposal to align the Mental Health Partnership (MHP) with the Place Board was positively received. This is a welcome move and brings completion of the NHS mental health transformation process firmly into the heart of the integrated care system.
  - The Community Mental Health Hub model represents a positive and creative portal for accessible community care and entry into a

range of citizen wellbeing resources. The premise of early intervention and prevention underpins the Hub model.

- Ultimately, the Hub's interdisciplinary early intervention and prevention approach could be a cost-effective means of delivering mental health support.
- There was support to create an opportunity to consider the development of a broader social model based on the learning from the NAVIGO visit.
- There is a real commitment to system working to progress community transformation with the long-term aim of reducing the need for crisis services or admission to hospital. Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV) colleagues are committed to continue driving this collective vision whether it be strategic planning, operational updates or engagement service visits and focus groups to enable shared understanding of services.
- As a system we need to do more work on how we talk about health and care in terms of parity of esteem and working across commissioning and sector boundaries, both health and social, to deliver the best care every day in every service – creating a 'social movement' will help drive strategy and policy.

**Contact Details**

**Authors:**

Anna Basilico, Head of Population Health and Partnerships, Humber, and North Yorkshire ICB (York Place)

Tracy Wallis, Health and Wellbeing Partnerships Co-ordinator, City of York Council

**Chief Officer Responsible for the report:**

Sarah Coltman-Lovell, NHS Place Director

Report Approved



Date: 08.03.2024

Ian Floyd, Chief Operating Officer CYC and York Place Lead

Report Approved



Date: 08.03.2024

**Wards Affected**

ALL

**For further information please contact the author(s) of the report**

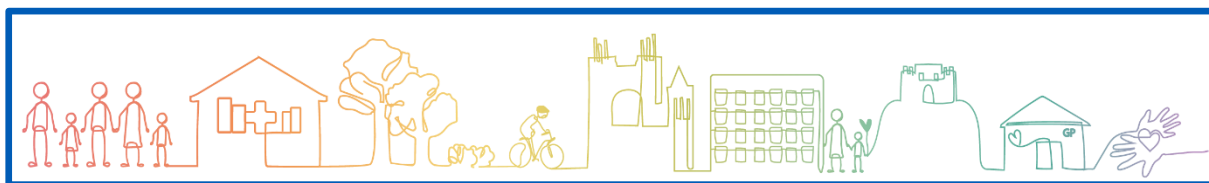
**Annexes**

**Annex A:** YHCP minutes January 2024

**Annex B:** YHCP minutes February 2024



## Annex A



## York Health and Care Partnership

**Thursday 18<sup>th</sup> January 2024, 10:00 - 12:30**  
**Severus Meeting Room; First Floor, West Offices**  
**Chair: Ian Floyd**

(T) Joined on MS Teams

| <b>Present</b>                                  |  |   |
|---|--|---|
| Ian Floyd (Chair) (IF)                          | Chief Operating Officer                                      | City of York Council (CYC)                              |
| Rebecca Field (RF)                              | Joint Chair of York Health and Care Collaborative            | York Medical Group                                      |
| Sarah Coltman- Lovell (SCL)                     | York Place Director  | York Place, H&NY ICB                                    |
| Cllr Jo Coles (JC)                              | Executive Member for Health, Wellbeing and Adult Social Care | CYC   |
| Anita Dobson (on behalf of Peter Roderick) (AD) | Consultant in Public Health                                  | CYC   |
| Sian Balsom (SB)                                | Manager  | Healthwatch, York                                       |
| Alison Semmence (AS)                            | Chief Executive  | York Centre for Voluntary Services (CVS)                |
| Helena Ebbs (HE)                                | Place Clinical Director                                      | York Place, H&NY ICB                                    |
| Michelle Carrington (MC)                        | Director of Nursing and Quality North Yorkshire and York     | York Place, H&NY ICB                                    |
| Professor Karen Bryan (KB)                      | Vice Chancellor  | York St John University (representing higher education) |
| Mark Bradley (MB)                               | Director of Finance North Yorkshire and York                 | York Place, H&NY ICB                                    |
| Professor Mike Holmes (MH)                      | Chair  | Nimbuscare  |
| <b>In Attendance</b>                            |  |   |
| Hannah Taylor (HT)                              | Team Administrator   | York Place, H&NY ICB                                    |
| Anna Basilico (AB)                              | Head of Population Health and Partnerships                   | York Place, H&NY ICB                                    |
| Niall McVicar (NM)                              | Head of Innovation and Children's Champion                   | CYC   |
| Gary Young (GY)                                 | Deputy Director Provider Development                         | York Place, H&NY ICB                                    |
| <b>Apologies</b>                                |  |   |
| Peter Roderick                                  | Director of Public Health                                    | CYC   |

|                     |  |                                |
|---------------------|--|--------------------------------|
| Brian Cranna        | Director of Operations and Transformation, NYY&S | TEWV                           |
| Martin Kelly        | Corporate Director of Children and Young People  | CYC                            |
| Emma Johnson        | Chief Executive                                  | St. Leonards Hospice           |
| Cllr Claire Douglas | Leader of City of York Council                   | CYC                            |
| Gail Brown          | CEO  | York Schools & Academies Board |

## Minutes – draft

### 1. Welcome and apologies for absence.

The Chair welcomed everyone to the meeting.

The minutes of the meeting held on 16.11.2023 were approved.

MH declared an interest as a GP Partner for Haxby Group Practice whose estates developments were included in confidential papers for the meeting.

JC asked for any updates on dentistry. MC stated that the ICB have recently employed a Head of Dental Commissioning, so it would be beneficial to invite this individual to a future meeting.

### 2. York Place Assurance Report and Winter Pressures

#### Winter Pressures update

GY started by talking about the winter pressures and expressed his gratitude to Nimbuscare who were able to set up four schemes with the System Development Funding that had been allocated at short notice. These include Primary care hubs at New Earswick, York Urgent Treatment Centre and Scarborough Urgent Treatment Centre, all running 8am-6pm Monday to Friday. The North Yorkshire Clinical assessment service has also been established, which has a GP co-located in a Yorkshire Ambulance Service centre for remote clinical triage and assessment for York residents. These schemes provide additional and flexible capacity into the system and early indications suggest they have reduced pressures the York health and care system over the first period of winter.

#### York Place Assurance Report

SCL provided assurance that work is being undertaken on the YHCP's six priorities:

- Strengthening York's Integrated Community offer: significant work continues in this space including developments around the Frailty Advice and Guidance line which launched 1<sup>st</sup> November, and the Discharge Improvement Plan with a refreshed approach to focus on operational, tactical and strategic challenges. An update on the mental health hub and Dementia will be provided at the February Place Board meeting.
- Implement an urgent and emergency care offer: updates provided through the winter pressures update by GY.

- Further develop primary and secondary shared care models: GP's and specialists are working together to help people while waiting as part of the recovery from Covid process.
- Develop a partnership based, inclusive model for children, young people and families: work continues in this space, but further discussions are required to strengthen partnership delivery. Discussions will take place between CYP SROs.
- Integrated prevention and early intervention model: SCL highlighted the importance of an integrated prevention and early intervention model moving forward, with significant partnership work taking place at both Place and system level for this work.
- Drive social and economic development: SCL updated on the workforce priorities. The YHCP are seeking to develop a tactical delivery plan on how to manage estates in 2024/25.

SCL also highlighted that as part of the Board's reporting processes, AB is producing an annual report for 2023/24 and a forward look for 2024/25. These documents will also feed into the HNY ICB's Joint Forward Plan refresh which each Place is required to feed into. Updates will be provided at the March Place Board.

The following discussion points took place:

- Adverts are now live to recruit ICB clinical leads for children and young people, urgent and emergency care, and neighbourhood transformation at Place with more positions around primary and secondary care interface to be advertised
- Why the site of New Earswick was the chosen site for a Primary Care Hub in York above other areas, with location proximity for the target population and estates availability being the primary reasons.
- A request for a comms document for communities to inform them of what services are on offer and who is best to contact to help people get support outside of going to A&E. This is available through the Directory of Services winter documents produced by the York Place team available [here](#)
- York was able to move fastest in establishing significant capacity using development funding, with the first scheme being set up within in 7 days by Nimbuscare
- The need for the national NHS website and app to have up to date information with services details, opening hours and availability so that people can access the right information when looking for support, along with out-of-date information being removed so that people do not get confused on which support is available
- Supporting primary care with communications to the public about realistic availability of appointment and services available, with the help of the findings of the Healthwatch report.
- Where we know that winter pressure services work, there was a discussion around sustaining these services year round at a small level to provide consistent support to our population, with an option of step up of provision during pressured periods.
- Care Providers are currently experiencing further pressures currently than reported in the assurance report due not individuals not receiving the right care at the right time
- What the process is for the elective waiting list of patients and what support is on offer for those on the waiting lists to prevent them from declining. AB raised that there is a Waiting Well service available for York supporting people on the elective waiting

list to stay well whilst they wait for their operation including services like health champions and smoking cessation.

- The performance of YSTHFT for cancer is still on track to improve despite the pressures, with the Trust performing at 60% for the 28 day faster diagnosis standard for Cancer. Work is being done to meet the trajectory of 75% however the number of days people are having to wait for a diagnosis has decreased.

### **Action**

- SCL to escalate to the ICB about issues regarding out-of-date information on services on the NHS website.

## **3. Integration Update**

### **Family Hubs**

NM started by providing context on Family Hubs explaining the aim set out to work hand in hand with children, young people and communities and the model developed was co-created by various individuals with lived experience and professionals. The one off funding of £167,000 of capital funding and £830,000 of revenue funding that was received between May 2022-September 2024, why they are needed so information, help and support at the right place and right time to help children and young people have the best start and chance to thrive. NM informed of the sites piloting Family Hubs noting an evaluation will take place before longer term use or extension is agreed. NM informed the YHCP that Family Navigators in the Family hubs have been in place since July 2023 to offer advice or information, a parent programme champion programme is due to launch in February 2024 which will be a network of parents providing advice and support to families across York, and the Raise York website which supports families and professionals to access information launched in November 2023 with the second phase due to launch in March 2024 which is focused on improving how families can search for local services online.

NM shared information on

- Family Hub priorities and equipping the city and workforce to address them
- York looking to bring in the Solihull method
- Bringing frontline practitioners together to look at how to work together
- Links with Westfield centre

Discussion took place on

- The importance of the need for trust with communities especially those that find it difficult to engage with traditional services so that they feel supported and don't feel like they are being monitored
- Supporting, connecting and offering help to those who are on waiting lists who may have to wait years to receive a diagnosis/support if Family Hubs are not available for people to walk in.
- Bringing together the Family Hub priorities along with the Place priority to develop a partnership based approach that is an inclusive model for children, young people, and families with the aim to address barriers and blockers, and build on the hub model York Place is developing

The committee were supportive with the opportunities in aligning the development of the Raise York Family Hubs and Integrated Neighbourhood teams.

## **Action**

- NM to look at bringing students from higher education into the Family Hubs
- Further item on priority two 'Perinatal Mental Health and parent-carer/infant relationships' to come to a future meeting

## **Integrated Neighbourhood Teams**

Running through the slide pack, a discussion took place on, what Integrated Neighbourhood Teams are and whether the intentions within the slide pack represented the vision YHCP has for York Place. HE shared a patient story of a resident and how an Integrated Neighbourhood Team would help provide the individual multidisciplinary, holistic support to address both health and social needs.

Continuing HE shared:

- Definitions of an Integrated Neighbourhood team and the guidance for population size set by NHS England
- Why, how, and what integrated care teams are/do
- Where integrated care works well
- What gets in the way

## **Action**

- HE to change some of the wording to reflect the multi agency nature of INTs and include different organisations to reflect conversations.
- Item on Integrated neighbourhood teams to come back to the February board meeting.

## **Any Other Business**

### **University of York research study - System Integration through Network Governance in Place-based Committees**

SCL outlined that the research explores how networks within the placed-based partnership have formed, governed, and evolved over time since the establishment of ICSs in 2022. SC: asked the committee to support by nominating three people from their organisations to participate, informing more information would be sent out via email after the meeting.

### **Intentions for Place/YHCP 2024**

Referring to the intentions for Place and YHCP for 2024 IF asked the board if they would be supportive of creating a coproduced letter to Stephen Eames around the intentions for the place board in 2024 to formalise the committee. A discussion took place about the opportunity to discuss the responsibilities of Place via the forthcoming ICS Leaders Forum in February bring back a letter to be drafted, outlining more detail about our intentions and ask of the ICB.

**Action**

- Draft to be brought back to the February board for approval around the intentions for Place/YHCP in 2024 with a view to writing to Stephen Eames.

## Annex B



## York Health and Care Partnership

**Thursday 15<sup>th</sup> February 2024, 10:00 - 12:30**  
**Severus Meeting Room; First Floor, West Offices**  
**Chair: Ian Floyd**

| <b>Present</b>  |  |   |
|---|--|---|
| Ian Floyd (Chair) (IF)                                      | Chief Operating Officer                                      | City of York Council (CYC)                              |
| Rebecca Field (RF)  | Joint Chair of York Health and Care Collaborative            | York Medical Group                                      |
| Sarah Coltman- Lovell (SCL)                                 | York Place Director  | York Place, H&NY ICB                                    |
| Cllr Jo Coles (JC)  | Executive Member for Health, Wellbeing and Adult Social Care | CYC   |
| Sian Balsom (SB)  | Manager  | Healthwatch, York                                       |
| Alison Semmence (AS)  | Chief Executive  | York Centre for Voluntary Services (CVS)                |
| Professor Karen Bryan (KB)                                  | Vice Chancellor  | York St John University (representing higher education) |
| Professor Mike Holmes (MH)                                  | Chair  | Nimbuscare  |
| Martin Kelly (MK)   | Corporate Director of Children and Young People              | CYC   |
| Peter Roderick (PR)   | Director of Public Health                                    | CYC   |
| Cllr Claire Douglas (CDo)                                   | Leader of City of York Council                               | CYC   |
| Helen Day (on behalf of Brian Cranna and Zoe Campbell) (HD) | Director of Nursing (NYY&S)                                  | TEWV  |
| Melanie Liley (ML)  |  | YSTHFT  |
| Caroline Johnson (CJ)                                       | Deputy Director of Nursing – York                            | York Place, H&NY ICB                                    |
| Mark Bradley (MB)   | Place Finance Director                                       | York Place, H&NY ICB                                    |
| <b>In Attendance</b>  |  |   |
| Hannah Taylor (HT)  | Team Administrator   | York Place, H&NY ICB                                    |
| Chris Davis (CDa)   | Head of Mental Health Partnerships                           | York Place, H&NY ICB                                    |
| Pete Thorpe (PT)  | Executive Director of Strategy and Partnerships              | H&NY ICB  |
| Professor Lynne Gabriel (LG)                                | York Mental Health Partnership Co-Chair                      | York Mental Health Partnership                          |
| Tracy Wallis (TW)   | Health and Wellbeing Partnerships Co-ordinator               | CYC   |

| <b>Apologies</b>    |  |                                |
|---------------------|--|--------------------------------|
| Brian Cranna        | Director of Operations and Transformation, NYY&S         | TEWV                           |
| Helena Ebbs         | Place Clinical Director                                  | York Place, H&NY ICB           |
| Michael Melvin      | Interim Director Adult Services                          | CYC                            |
| Michelle Carrington | Director of Nursing and Quality North Yorkshire and York | York Place, H&NY ICB           |
| Emma Johnson        | Chief Executive  | St. Leonard's Hospice          |
| Gail Brown          | CEO  | York Schools & Academies Board |
| Simon Morritt       | Chief Executive  | YSTHFT                         |

## **Minutes – draft**

### **1. Welcome and apologies for absence.**

The Chair welcomed everyone to the meeting.

The minutes of the meeting held on 19.01.2024 were approved.

PT introduced himself as the Executive Director of Strategy and Partnerships for Humber and North Yorkshire Health and Care Partnership informing he was attending to understand the Place Partnership.

### **Matters Arising**

SCL informed she has escalated the issues regarding the services out of date information on the NHS website to the ICB digital team.

SCL updated that the intentions for Place in 24/25 would be brought to the March meeting following the YHCP 'Time out together' and Humber and North Yorkshire Leaders forum. SCL informed that work has commenced on a 6+1 concordat between Places and the ICB. SCL confirmed that all of this work will be brought to the March Meeting.

#### Action

- SCL to send a draft of the 6+1 concordat to members of the committee and meet with any members who have any queries.

### **2. York Mental Health Partnership**

#### **Purpose and Priorities**

LG gave a brief history of the York Mental Health Partnership which started around 2013. In 2018 the partnership changed as the city of York collaborated to follow a Trieste model which follows a community approach and helps connect people with opportunities that already exist. Continuing LG informed that the partnership's vision was of a whole life, whole person, whole system approach. LG shared the priorities of the Partnership being to continue the Connecting Our City project in which the aim is to embed community mental



health projects into the city through a network co-produced of community Mental Health Hubs.

LG informed of the pilot Mental Health Hub that ran at 30 Clarence Street, noting that it had been picked up by NHS England as an example of good partnership working.

There was discussion on:

- The Mental Health Hub Pilot that ran at 30 Clarence Street in 2022/2023 which provided an inclusive and welcoming portal for citizens. The Hub showed a positive impact of a York Model for community mental health transformation. The Hub had been picked up by NHS England as a good example of Partnership working.
- The Commitment across the Mental Health system partners to scale up the number of Hubs in York and open three permanent hubs in York the first being in April 2024 and the second and third being in October 2024 providing that they are set up correctly and all staffing and processes are in place so that things are not over promised.
- The location of the York Mental Health Hubs are being identified by the York Joint Delivery board and the Connecting Our City Programme project team
- Acknowledgment and learning around the impact of shared use environments
- Positive feedback on the Mental Health Hub pilot from everyone involved including people with lived experience
- 1 in 50 people in York have contacted TEWV's Crisis line in the last year which equates to 2% of the population which could get worse.
- The Mental Health Hub offering an open door, humane approach which needs to be reflected across all areas of contact of someone in Crisis.
- Mental Health being reflected across all areas and not currently connected to the other Hubs the city has to offer including the Family Hubs and the Frailty Hubs.
- Areas that may be missing or not actively involved including Children, Young People and Families and Police, primary care and early intervention and prevention
- Currently there being no Mental Health same day emergency care with people often going to A&E which often isn't the right place, which may need a communication document for professionals and public on where is best to go.
- The need for Health inequalities and shared use to be considered when thinking of where the Hubs are located.
- Opportunities will be available for students within the Mental Health Hubs
- Public Health being linked in about managing the expectations of the Hubs.

The Committee supported the recommendations of:

- i) The York Health and Care Partnership (YHCP) and Place Board enable the realignment of York Mental Health Partnership (YMHP) from the York Health and Wellbeing Board to the Place Board.
- ii) The YHCP and Place Board work with the YMHP to develop agreed pathways, including financial alignment, for the ongoing development of the *Connecting Our City* programme.

- iii) The YHCP and Place Board continue to support ongoing development of the York community mental health hub model.

Providing the oversight of the Mental Health Partnership at the Health and Wellbeing board

#### **Action**

- CJ and LG to connect about the connection of Mental Health Hubs.

### **3. Mental Health Hub Progress and Future Plans**

CD updated that the Mental Health Hub model has been coproduced by clinicians, social work, local area coordination, voluntary sector and people with lived experience and carers aiming to provide easily access and deliver timely, flexible patient centred and strength based care and support in a welcoming environment with the Hub offering support for Adults with mental health needs. CD shared some of the key principles which are a warm welcome, the importance of relationships, inclusivity and accepting people without bias, trust, being flexible around people's needs. Referring to the pilot Mental Health Hub at Clarence Street CD informed they had received positive feedback, the challenges that they faced have helped to develop the plan for the delivery of a more sustainable model across the city and the Pilot Hub was brought to a close to allow further recruitment and the implementation of learning by all organisations that are working together to deliver the model going forward,

Discussion ensued on:

- Aim for 3 hubs by 2025/26 with the first to open in April providing recruitment and processes are in place so the hubs are sustainable
- Importance of Staff wellbeing so they can provide the best possible care to citizens.
- Potential involvement of the public health team on the evaluation of the Mental Health Hubs
- Connecting and all areas following the same approach to help reduce concerns about the demand and resource that lead to frustration from being passed around the system
- Being transparent through a city-wide communication documents on the figures shared on the demand of the Crisis service
- Trieste model focussing on support to the individuals using the service.
- Cost of living crisis being a barrier for some people not being able to access the hubs face to face due to the cost of getting there

#### **Action**

PR to pick up a conversation with CD and IF about the Drug and Alcohol Service moving location and having a drug and alcohol liaison or worker in the Mental Health Hubs.

The board, supported the progress of the reopening of the hub and will receive further updates from the hub as it progresses.

### **4. MH ED as part of a broader social model**

CD shared information on his visit with colleagues from a range of organisations to The Potting Shed and Harrison House which are ran by Navigo a Health and Social Care Community interest company that provides mental health services to the NHS across Northeast Lincolnshire. CD shared some background on the services informing their aim to deliver a range of mental health services that they would be

happy for their own families to use. CD added that they are a strong part of the local community and they have strong partnerships with those in Northeast Lincolnshire.

CD shared some of the key areas they heard about at their visit including feedback that Navigo had received from people that have used their services, there is a whole system awareness and partnerships, the integration of Health, Social Care and Housing, there are no out of area patients, led by lived experience, personal accountability for funding knowing it drives improvement, efficiency and quality and the positive organisational culture-collaboration

Ending CD shared what it would mean if York were to run something similar including Leadership to drive and support change, vision to drive strategy, permission to design and develop collaboratively, Housing, Health, and social care pooled resources and budget and Integration –system working, and Asset based community development .

There was strong support from members of the Committee to develop a broader social model and incorporate this into the Hub.

### **Action**

The Board to reflect infrastructure in York and aligning with the Estates Strategy in future plans.

## **5. Crisis Services Action Plan**

HD informed in 2023 TEWV supported 3991 residents across York from their Crisis and Home based treatment team which operates 24 hours a day, 7 days a week to provide specialist assessments for adults who need urgent mental health care to try and prevent where possible admission to a mental health hospital. HD noted that although 99.69% of calls were answered within their 4 hour national target it is difficult to track those who may not hold or drop off the line. On evaluation of the 0800 crisis line which operates 24 hours a day, 7 days a week to provide a single point of contact where people can contact mental health services for urgent advice and access to services which works in conjunction with the crisis and home based treatment service, it showed that most people needed to be signposted to other services.

HD informed that the Force Control Team which provides advice and support to police officers to make the most appropriate decisions if they have a concern regarding someone's mental health and is Commissioned by North Yorkshire Police had 2928 contacts in 2023 in relation to Mental Health concerns. Concluding HD informed that they are monitoring the complaints they are receiving, using the intelligence from the Healthwatch report, and building on the Trieste model to develop the services.

Discussion ensued on:

- Communication concerns where people may feel they are in crisis but they are told following an assessment they are not and where they would turn to.
- Complex case holding within the Voluntary Care Sector due to being turned away from services and how to feed this into the next steps of the Crisis Services action plan
- The threshold and transition from children and young people to adults services and how these are managed.

- Data within the report being difficult to interpret on where we are compared to where we should be

**Action**

Partners who would like to observe and learn about the crisis team to contact HD

HD to gather data on the Mental Health Paramedics

HD and SB to look at cases of Complex case holding to see what they are able to offer

LG to meet the newly appointed Matron that is addressing the quality issues

HD to share data on where we are compared to where we should be for the Crisis Services action plan

BF to link with Dan Kimberling on linking in primary care with the action plan

**Any Other Business**

There was no Other Business



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**Health and Wellbeing Board****20<sup>th</sup> March 2024**

Report of the Director of Public Health

**Update on Goal 6 of the Joint Health and Wellbeing Strategy 2022-2032: 'Reduce health inequalities in specific groups'****Summary**

1. This paper provides the Health and Wellbeing Board (HWBB) with an update on the implementation and delivery of one of the ten big goals within the Local Joint Health and Wellbeing Strategy 2022-2032. It also includes information on performance monitoring.
2. The Board are asked to note the report.

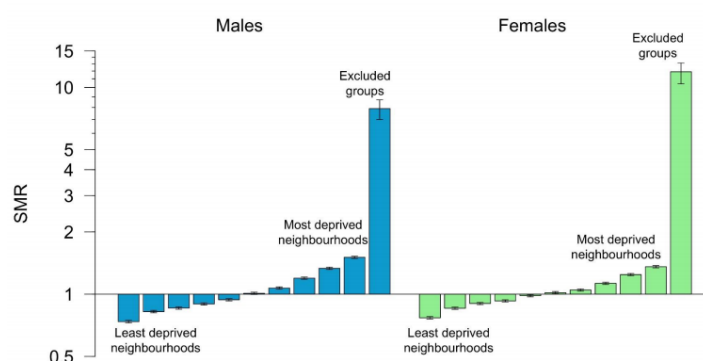
**Background**

3. At the January 2023 meeting of the Health and Wellbeing Board (HWBB) members of the Board agreed a framework for an action plan and a Population Health Outcomes Monitor for the new Joint Health and Wellbeing Strategy 2022-2032. This was followed by agreement at the March 2023 meeting of a populated action plan and a Population Health Outcomes Monitor.
4. At the September 2023 meeting of the HWBB updates were given on **Goal 1** in the strategy, namely '*reduce the gap in healthy life expectancy between the richest and poorest communities.*' This was followed by updates on **Goals 2, 3 and 4** at the November 2023 meeting and **Goal 5** at the January 2024 meeting.
5. This report sets out updates on the two actions associated with **Goal 6**, including a broader update on reducing health inequalities in specific groups along with updates on the agreed key performance indicators associated with the goal. **Annexes A & B** to this report provide a detailed score card and trend data.
6. The agreed actions cover the first 24 months of the strategy's 10-year life span.

## Goal 6: Reduce health inequalities in specific groups

7. Some of our communities in York experience radically poorer health outcomes than others. Sixty three percent of people with learning disabilities die before reaching the age of 65, compared to 15 percent in the general population, and in York you are four times more likely to die before the age of 75 if you have a severe mental illness.
8. There is good evidence that health inequalities can arise through geographic variances in health between e.g. less and more deprived areas, through demographic variances in health e.g. across protected characteristics such as age, disability, gender, but can also affect specific groups within society who typically experience marginalisation – sometimes termed ‘inclusion health’ groups.
9. Examples of these include people who are homeless or sleeping rough, those from an ethnic minority or a marginalised group, people living with substance misuse disorder, and migrants, refugees and asylum seekers.
10. We know that many of these groups experience radically worse health outcomes. The life expectancy of someone who is homeless is 47, and of someone who uses heroin is 52. Research from Aldridge et al (Lancet, 2018) suggests that socially excluded men have a mortality rate that is nearly eight times higher than the average for other men, and it is almost 12 times higher for excluded women:

Standardised mortality ratio (SMR) for the general population in England, 2015, by neighbourhood deprivation, compared to SMR for excluded groups, with 95% confidence intervals.



### Notes

1. SMRs for the general population are calculated using ONS mid-year population estimates by IMD decile for 2015 and ONS number of deaths in 2015 by IMD decile. Standardisation is conducted using 5-year age groups. The reference population is the whole population of England in 2015.
2. SMRs for excluded groups are taken from Aldridge RW, Story A, Hwang SW, et al. *Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis.* *Lancet* 2017; 6736: 1–10. Note that these estimates are made from studies from a number of high-income countries, while the SMRs for the general population are for England only. Also note that the studies that contribute to the SMR estimate for excluded groups use a range of comparison groups.

11. We also know there are inequalities experienced in health and healthcare if you are from an ethnic minority in the city, and the

health outcomes of people in marginalised groups within our community are worse too, for instance those from Gypsy, Roma or Traveller backgrounds, those who are new migrants, who are homeless or who use substances.

12. The following groups have been identified within our local CORE20PLU5 framework (an NHS framework for tackling inequalities in health outcome) as our 'PLUS' groups in York
13. *Racially minoritized communities*: Members of these communities often face higher rates of chronic illnesses, including diabetes, cardiovascular diseases, and certain cancers. Limited access to healthcare services, cultural and language barriers, and a healthcare system not designed for diversity contribute to delayed diagnoses and inadequate treatment.

Socio-economic factors such as lower income, employment opportunities, and educational attainment further exacerbate these health disparities. Additionally, ethnic minorities may experience higher levels of stress due to discrimination and social determinants, negatively impacting mental health. Variance in the distribution of risk factors (smoking and BMI) within these communities explain some, but not all, of these health outcomes.

14. *People experiencing homelessness*: in Quarter 1 of 2023/24 there were 73 households in temporary accommodation in York (including 28 households with dependent children). Health inequalities among individuals experiencing homelessness are profound and complicated. Homelessness is associated with higher rates of physical and mental health conditions due to exposure to harsh living conditions, limited access to healthcare, and challenges in maintaining a consistent and nutritious diet. Mental health concerns, including depression and substance abuse, are prevalent within the homeless population. Moreover, the stressors of homelessness contribute to a higher susceptibility to infectious diseases.

Structural determinants such as poverty, limited social support, and systemic discrimination further compound these health disparities. Addressing health inequalities in homelessness requires a comprehensive approach that combines healthcare outreach, housing stability programs, and social services to address the root causes and provide holistic support for this vulnerable population.

15. *Drug and alcohol dependence*: In 2022/23 there were 449 people in treatment for opiate dependence in York, 216 for non-opiate dependency, and 380 for alcohol dependence. Particularly with alcohol, this is likely to be a large underestimate of the true need for dependency treatment in the city. For Opiate and Crack dependence it is thought that only 6 in 10 people who need treatment are receiving treatment. For Alcohol dependence, it is thought that only 2 in 10 people who need treatment are receiving treatment.
16. Individuals struggling with drug and alcohol dependence face profound health inequalities rooted in both social and systemic factors. Stigmatisation often leads to marginalisation, making it challenging for these individuals to access quality healthcare and addiction treatment services. Socio-economic factors, including housing instability and employment challenges, further compound health disparities among this population:
- Of all people receiving treatment for drug and/or alcohol dependency in York, 25% are in paid work, 2% are volunteering, and 3% are in training or education. This is far less than the general adult population.
  - In regard to housing, 12% are not in 'stable and suitable' accommodation.
  - Mental health issues frequently coexist with substance dependence, creating a complex web of health needs. Focusing specifically on people with alcohol dependence in treatment in 2022-23 76% also had a mental health need, (and of this group, 84% were receiving mental health treatment, mainly through their GP). Focusing on people with drug dependence who are in treatment in 2022-23 64% also had a mental health need, (and of this group 67% were receiving mental health treatment, also mainly through their GP). Limited resources and fragmented healthcare systems contribute to delays in intervention and hinder the development of comprehensive treatment plans.
17. *Gypsy, Roma, and Traveller communities* as an ethnic minority group, with distinct cultural practices and traditions, experience significantly poor health outcomes, highlighting the necessity to address their specific needs as a separate PLUS group. The communities have experienced a long history of systemic racial discrimination and as such, often do not state their ethnicity on official documents. Because of this, it is not clear how many live in York,



especially those living in “bricks and mortar” houses or roadside. The Census 2021 reported 368 (0.2%) York residents identified as a Gypsy or Traveller.

Gypsies and Travellers face various challenges often due to discrimination and marginalisation. They have a significantly higher prevalence of long-term illness, health problems or disabilities which limit daily activities or work. Their health status is much poorer than that of the general population in similar economic circumstances, their health in their 60s being comparable to an average White British person in their 80s. Poor access to, and uptake of, health services is another major factor to health outcomes in this community- aside from experiencing discrimination, many could not register with their GPs if they had no fixed abode, or were unable to complete registration forms due to low literacy comprehension. Key inequalities identified by national and regional research include:

- Life expectancy is on average 10-25 years less than the general population
  - Suicide prevalence is six times higher for Irish Traveller women than women in the general population, and seven times higher for Traveller men.
  - Are more likely to experience pain, arthritis and respiratory problems
  - 20 times more like to experience the death of a child
  - Three times more likely to experience anxiety
  - High levels of digital exclusion making it harder to access healthcare and benefits
  - Low vaccine uptake with the exception of COVID-19 vaccines. This was largely due to information about the vaccines that was tailored specifically to the Gypsy & Traveller community.
18. *Vulnerable migrants*: Access to language resources poses a significant challenge to health for our vulnerable migrants, and lack of good communication around the local health system compounds these issues, making it difficult for migrants to navigate services and access timely and appropriate care. Geographical barriers, such as long distances to healthcare facilities, can impede regular medical check-ups and exacerbate health disparities. Financial constraints are heightened when housing services no longer cover transportation

costs, such as taxis to routine appointments, placing an additional burden on vulnerable migrants.

Addressing health inequalities for this population requires not only linguistic and cultural sensitivity in healthcare services but also initiatives to improve health literacy, increase accessibility, and provide support for transportation barriers, fostering a more equitable healthcare environment for vulnerable migrants. In York, our migrant, refugee and asylum seeker population is growing, with a significant number of people coming to city under resettlement schemes from Afghanistan, Syria, Ukraine, and through our contingency accommodation for asylum seekers.

19. *Sex workers*: who are adults who receive money or goods for sexual services , either regularly or occasionally, including female, male, and transgendered sex workers. Sex workers are a health inclusion group that may experience stark inequalities in both access and outcomes in physical and mental health and are also at greatest risk of social exclusion and violence.

Based on health inequalities work being undertaken jointly through the York Place team and Nimbuscare providing GP outreach clinics to vulnerable women, we know that sex workers in York present with multiple needs varying from mental health conditions, leg wounds, gambling addiction, UTI symptoms and contraception. We know that working with vulnerable women, such as some sex workers, requires health and care professionals to build trust, a sense of security, stability and equal healthcare provision for a group that suffers negative health outcomes. Given the multiple complex needs that sex workers can present with, joint working with other agencies, such as Drug and Alcohol addiction services and gambling addiction services is essential.

20. *Students*: The 2017 York Student Health Needs Assessment stated that there were around 31,000 students currently attending the 4 Higher York institutions (University of York, York St John University, York College and Askham Bryan College). Health inequalities among students encompass a range of challenges, both physical and mental. Mental health issues, including stress, anxiety, and depression, are prevalent among students, often exacerbated by academic pressures and societal expectations. Additionally, disparities may arise in access to healthy food options, recreational facilities, and opportunities for physical activity. Socio-economic backgrounds can influence students' ability to afford wellness

resources, creating disparities in preventive care and health promotion. Tackling health inequalities for students requires a holistic approach, addressing both physical and mental health needs, and promoting accessible, affordable, and inclusive healthcare services within educational institutions.

21. *Carers*: the 2021 Census reports that there were 14,868 York residents who provided some unpaid care. Most carers don't qualify for (or won't necessarily want) help from CYC for care and will get assistance from the voluntary sector (for example, from York Carers' Centre). Of the 230,000 patients registered to GP Practice in the City of York, 6,800 people are identified as being carers (i.e. fewer than half of all carers in York are known to primary care). Of these, 4.7% (327 people) live in IMD Deciles 1 & 2 (most deprived areas in England, representing the 'Core 20' population). 31% of Carers do not have a long term condition diagnosed in primary Care. 22% of carers have 1 long term condition, 21% have 2 long term conditions, 7% have 3 long term conditions and 19% of carers have 4+ long term conditions.

National statistics show that:

- Unpaid carers contribute £162bn per year to society, equivalent to a second NHS. (England and Wales).
- Nearly 1/3 of NHS staff are carers (31%).
- 1 in 7 people in the workplace are juggling work and care.
- There is increasing evidence that caring should be considered a social determinant of health (Public Health England, Caring as a Social Determinant of Health, 2021).
- Joseph Rowntree Foundation listed carers as one of the groups more likely to be in very deep poverty.
- 60% of carers report a long-term health condition or disability compared to 50% non-carers.
- Young carers are more likely to report severe psychological distress.
- Research in 2019 highlighted almost half 45% of Young Adult Carers report having a mental health condition (before pandemic) and seeing issues in Young Adult carers who have frailty scores of 65 yr olds.

22. *Transgender and non-binary people* face a number of well-known inequalities in access to healthcare, including cervical screening, where clinical systems are not set up to support patients once they transition; dealing with gender confirmation certificates and NHS number changes, and use of KLINIK-like triage systems which do not have gender dysphoria as an option.

Health inequalities which transgender and non-binary individuals face are often rooted in societal stigmatisation, discrimination, and inadequate healthcare policies. Access to gender-affirming healthcare, including hormone therapy and gender confirmation surgeries, is often limited, contributing to disparities in mental and physical health outcomes. Discrimination and lack of cultural competence in healthcare settings can deter transgender and non-binary individuals from seeking medical care, leading to delayed diagnoses and inadequate treatment. Mental health challenges, such as higher rates of depression and anxiety, are prevalent due to societal prejudice and a lack of understanding. Additionally, transgender and non-binary individuals may encounter barriers to accessing routine healthcare services, including preventive screenings.

23. *Veterans* often face distinct health inequalities from various factors related to military service and post-deployment life. Mental health issues, including post-traumatic stress disorder (PTSD), depression, and anxiety, are prevalent among veterans and may be exacerbated by the challenges of transitioning to civilian life. Physical health concerns such as musculoskeletal injuries and chronic conditions are also prevalent, and veterans may encounter obstacles in accessing specialised healthcare services. Socio-economic factors, including unemployment and homelessness, further compound health disparities among veterans.

*Update on Health and Wellbeing Strategy Actions*

24. **Action A14:** Use Health Inequalities grants to fund targeted work including by local VCSE organisations to enable them to address health inequalities

Progress: The Director of Public Health and NHS Place Director for York have a delegated budget from the ICB Health Inequalities fund of around £270k per year to tackle health inequalities in our city. The tables below show the projects which have been funded or proposed to be funded so far.

| Project  | Summary  |
|--|--|
| Maternal and Child Nutrition                         | Developing an Infant Feeding Strategy and delivery plan for the improvement of maternal and child health outcomes through better nutrition during preconception, pregnancy, and early childhood. The funding awarded in 2023/4 will also involve a £10k contribution to the York Hungry Minds campaign, specifically around enabling the pilot of breakfast club provision.                              |
| Asthma Friendly Schools                              | Aims to reduce health inequalities for children with Asthma by ensuring school staff have appropriate training, support, and awareness of Asthma through the employment of a respiratory nurse with a focus on health inequalities.  |
| York Brain Health Café                               | An intervention targeting individuals on the waiting list for the memory service to embed personalised care approaches for people with cognitive decline and provide support to carers. A population health management approach is planned in 24/25 to ensure those experiencing health inequalities are supported to attend the café.   |
| Mental health-related school absence                 | Supporting Children & Young People with anxiety related school absence, this project aims to reduce absences from school, improve educational outcomes and the social and emotional health and wellbeing of children and young people. The funding has been used to employ a project worker that can work directly with children, their families and schools to develop & implement reintegration plans. |
| Ways to Wellbeing Small Grants Programme             | The programme funds projects which enhance community connections and improve health and address the causes of health inequalities, particularly in areas of deprivation or for those disadvantaged by inequality in the city.  |
| Health Mela  | To provide funding into York's second Health Mela (a south Asian festival who's name in Hindi means 'meeting'), a celebration of culture, diversity and health held in the city every September  |
| GP Outreach at the Women's Centre                    | Weekly GP outreach clinic held at Women's Centre to provide healthcare for sex workers and other vulnerable women. Providing preventative health care and support with long term conditions. Current monitoring shows this project is having an impact and building trust and engagement with this community.  |
| Wellbeing Activities for Asylum Seekers and refugees | Funding fortnightly health and wellbeing drop-in sessions, tailored sessions for individual groups, and wellbeing fund for individuals to apply for to assist with their health and wellbeing.   |
| Raise York Family Hubs                               | Placing a paediatric advanced clinical practitioner role in the Family Hubs model that would deliver a range of interventions to build confidence and health literacy in families and help families access support to make best use of community assets.   |
| Peasholme Homeless Clinic                            | Providing primary care services to residents at Peasholme and Robinson Court, who are amongst the most deprived population often presenting with complex physical and mental health needs. Providing preventative health care and support with long term conditions.   |
| CAY advice in GP surgeries                           | Funding Citizens Advice York to deliver advice clinics and support in primary care settings, an evidence-based model which has identified over £1m in unclaimed benefits for recipients so far.  |

25. **Action A15:** Identify and address barriers to accessing appropriate health services by people experiencing poverty through the Poverty Truth Commission

Progress: York Poverty Truth Commission aims to bring together people who have experienced poverty, 'Community Commissioners', with City leaders who have the ability to influence change, 'Civic Commissioners'.

In Autumn 2023, nine Community Commissioners were joined by 9 Civic Commissioners representing key organisations in the City, for example, leaders from City of York Council, the NHS, Joseph Rowntree Foundation, the police and justice system, housing and the voluntary, community and social enterprise sector.

The Commission has been meeting monthly to listen to the experiences and insights shared by Community Commissioners and to collectively identify the changes that are needed to benefit those experiencing poverty.

Through this process, the Commission have been able to identify three key priorities that the group will focus on as areas of action. These priorities are:

- To ensure people are treated with kindness, respect and understanding by organisations in York that they have to deal with
- To ensure any communication from organisations is timely, understandable and focused on helping people to find support and solutions
- To address the poverty related causes and consequences of digital exclusion

The Commission is now drawing on the combined knowledge and experience of its members to identify what actions are needed to embed new cultures and practices and deliver meaningful change for those experiencing poverty in our City.

The Commission will end in April 24 when there will be an event to share what actions and changes have taken place or will take place.

26. **Population Health Outcomes Monitor**: this is linked to the ten big goals and is designed to provide board members with a holistic view of whether the strategy is making a difference to the health and wellbeing of York's population, using outcome data rather than data on what health and care services are 'doing'. Today's updates at **Annexes A & B** to this report provide information on **goal 6** of the strategy.
27. This goal does not lend itself easily to a large number of metrics collected in a robust and standardised way, hence the inclusion above of some narrative on inclusion health groups drawn from national local research in order to paint a picture of the broad health needs of inclusion health groups.
28. However we do collect a number of metrics on inequalities facing those in the city with a learning disability or severe mental illness. These are the metrics illustrated at annexes A and B.

### **Consultation and Engagement**

29. As a high-level document setting out the strategic vision for health and wellbeing in the city, the new Local Joint Health and Wellbeing Strategy capitalised on existing consultation and engagement work undertaken on deeper and more specific projects in the city. Co-production is a principle that has been endorsed by the HWBB and will form a key part of the delivery, implementation, and evaluation of the strategy.
30. The actions in the action plan have been identified in consultation with HWBB member organisations and those leading on specific workstreams that impact the ten big goals.
31. The performance management framework has been developed by public health experts in conjunction with the Business Intelligence Team within the City of York Council.

### **Options**

32. There are no specific options for the HWBB in relation to this report. HWBB members are asked to note the update and provide comment on the progress made.

**Implications**

- 33. It is important that the priorities in relation to the new Local Joint Health and Wellbeing Strategy are delivered. Members need to be assured that appropriate mechanisms are in place for delivery.

**Recommendations**

- 34. Health and Wellbeing Board are asked to note and comment on the updates provided within this report and its associated annexes.

Reason: To ensure that the Health and Wellbeing Board fulfils its statutory duty to deliver on their Joint Local Health and Wellbeing Strategy 2022-2032.

**Contact Details**

**Author:**

Tracy Wallis  
Health and Wellbeing  
Partnerships Co-ordinator

**Chief Officer Responsible for the report:**

Peter Roderick  
Director of Public Health

**Report  
Approved**



**Date** 08.03.2024

**Specialist Implications Officer(s)**

None

**Wards Affected:**

**All**



**For further information please contact the author of the report**

**Annexes:**

**Annex A:** HWBB Scorecard (for Goal 6)

**Annex B:** HWBB Trends (for Goal 6)





# Health and Wellbeing 10 Year Strategy (2022-2032) 2021/2022

No of Indicators = 34 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.  
Produced by the Business Intelligence Hub February 2024

|                                     |         |   | Previous Years |           |           |           |           |           |           | 2021/2022 |        | Polarity | DOT       |            |
|-------------------------------------|---------|---|----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--------|----------|-----------|------------|
|                                     |         | Collection Frequency  | 2014/2015      | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 | 2019/2020 | 2020/2021 | Year      | Target |          |           |            |
| Goal 06: Reduce health inequalities | PHOF40  | Gap in employment rate for mental health clients and the overall employment rate                                | Annual         | 63.20%    | 69.30%    | 68.50%    | 63.90%    | 56.40%    | 58.00%    | 56.60%    | -      | -        | Up is Bad | ◀▶ Neutral |
|                                     |         | Benchmark - National Data   | Annual         | 66.10%    | 67.20%    | 67.40%    | 68.20%    | 67.60%    | 67.20%    | 66.10%    | -      | -        |           |            |
|                                     |         | Benchmark - Regional Data   | Annual         | 62.70%    | 64.00%    | 63.80%    | 64.50%    | 63.70%    | 63.00%    | 62.80%    | -      | -        |           |            |
|                                     |         | Regional Rank (Rank out of 15)  | Annual         | 8         | 15        | 14        | 6         | 1         | 1         | 3         | -      | -        |           |            |
|                                     | PHOF40a | Gap in employment rate for mental health clients and the overall employment rate (new definition 21/22 onwards) | Annual         | -         | -         | -         | -         | -         | -         | -         | 64.80% | -        | Up is Bad | ◀▶ Neutral |
|                                     |         | Benchmark - National Data   | Annual         | -         | -         | -         | -         | -         | -         | -         | 69.40% | -        |           |            |
|                                     |         | Benchmark - Regional Data   | Annual         | -         | -         | -         | -         | -         | -         | -         | 66.50% | -        |           |            |
|                                     |         | Regional Rank (Rank out of 15)  | Annual         | -         | -         | -         | -         | -         | -         | -         | 5      | -        |           |            |
|                                     | PHOF41  | Gap in employment rate for those with learning disabilities and the overall employment rate                     | Annual         | 60.40%    | 66.30%    | 69.20%    | 68.60%    | 70.10%    | 71.30%    | 68.90%    | 74.30% | -        | Up is Bad | ◀▶ Neutral |
|                                     |         | Benchmark - National Data   | Annual         | 66.90%    | 68.10%    | 68.70%    | 69.20%    | 69.70%    | 70.60%    | 70.00%    | 70.60% | -        |           |            |
|                                     |         | Benchmark - Regional Data   | Annual         | 64.40%    | 65.90%    | 66.10%    | 66.10%    | 68.00%    | 67.70%    | 67.80%    | 69.40% | -        |           |            |
|                                     |         | Regional Rank (Rank out of 15)  | Annual         | 4         | 9         | 12        | 8         | 11        | 12        | 7         | 15     | -        |           |            |
|                                     | PHOF75a | Excess under 75 mortality rate in adults with serious mental illness (New definition from Aug 2021)             | Annual         | -         | -         | -         | 431.7     | 385.5     | 410.2     | 425.3     | -      | -        | Up is Bad | ▲ Red      |
|                                     |         | Benchmark - National Data   | Annual         | -         | -         | -         | 355.4     | 365.2     | 383.1     | 389.9     | -      | -        |           |            |
|                                     |         | Benchmark - Regional Data   | Annual         | -         | -         | -         | 335.7     | 336.7     | 348.4     | 344.2     | -      | -        |           |            |
|                                     |         | Regional Rank (Rank out of 15)  | Annual         | -         | -         | -         | 14        | 13        | 12        | 14        | -      | -        |           |            |

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# Business Intelligence Hub

## Joint Health and Wellbeing Strategy 2022-2032:

Performance Monitoring for March 2024 Board.

Indicator Trends – Reduce Health Inequalities in specific groups.

Author: CYC Business Intelligence Hub

Date: February 2024

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## Goal 6: Reduce health inequalities in specific groups

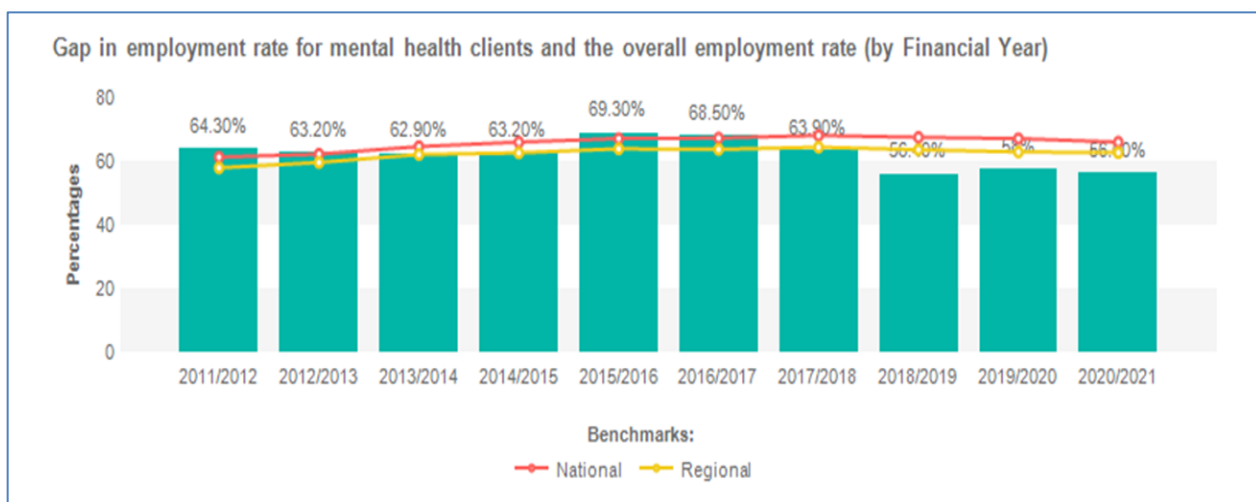
### Gap in employment rate for mental health clients and the overall employment rate

This indicator<sup>1</sup> identifies the gap in the employment rate for those who are in contact with secondary mental health services and the overall employment rate.

The most recent data for York (2021/22) shows a 64.8 percentage points gap between the employment rate for people in contact with secondary mental health services (17%) and the overall employment rate (81.8%).

The gap in York is slightly lower compared with the national (69.4%) and regional (66.3%) gaps. The gap is larger for males in York (69.9%) compared with females (60.8%). This pattern can also be seen in the national and regional data.

Prior to 2021/22, the definition of someone in contact with mental health services was related to the Care Programme Approach (CPA) rather than the Community Mental Health Framework so trend data for this indicator prior to 2021/22 is not directly comparable with the current value. For reference, however, the trend data for the period 2011/12 to 2020/21 is shown below. Using this previous definition there had been a reduction in the gap in York from a peak of 69.3% in 2015/16 to 56.6% in 2020/21.



<sup>1</sup> The percentage point gap between the percentage of adults (aged 18 - 69) in contact with secondary mental health services at the end of the reporting period who are recorded as being employed and the percentage of all respondents (aged 16 - 64) in the Labour Force Survey classed as employed.

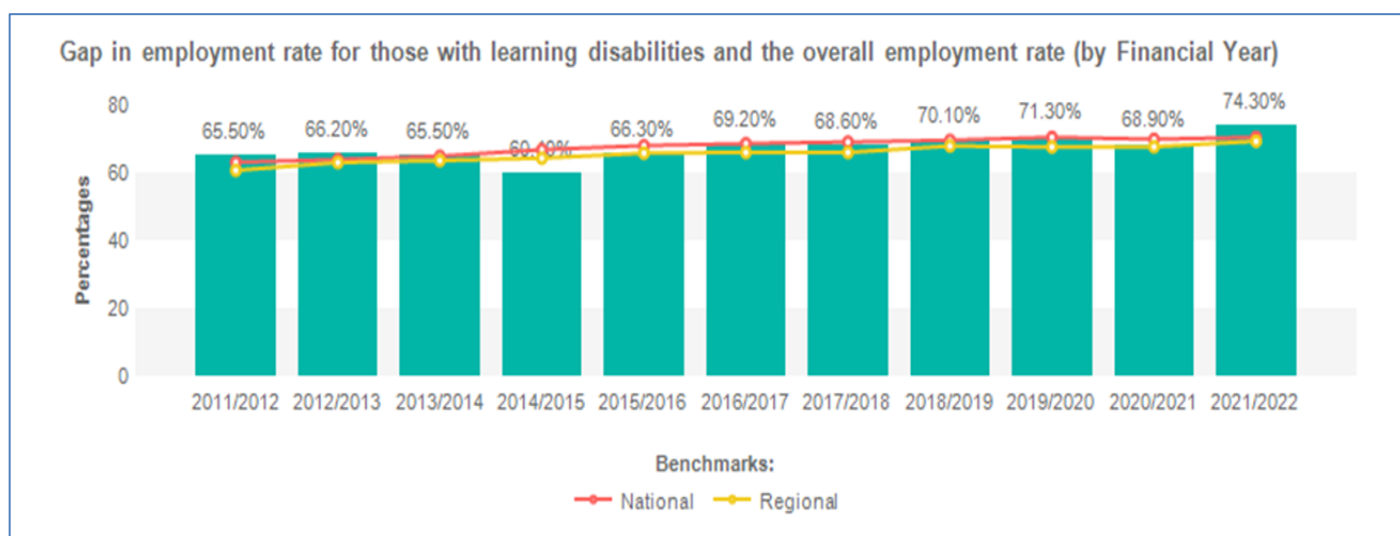
## Gap in employment rate for those with learning disabilities and the overall employment rate

This indicator<sup>2</sup> identifies the gap in the employment rate between those who are in receipt of long-term support for a learning disability (aged 18 to 64) and the overall employment rate.

The most recent data for York (2021/22) shows a **74.3** percentage points gap between the employment rate for people in receipt of long term support for a learning disability (7.5%) and the overall employment rate (81.8%).

The gap in York is wider than the national (70.6%) and regional (69.4%) averages. The gap is larger for males in York (77%) compared with females (73%). This pattern can also be seen in the national and regional data.

Trend data for the period 2011/12 to 2021/22 is shown below. The gap has risen steadily from a low point of 60.4% in 2014/15 to the current value of 74.3% in 2021/22.



<sup>2</sup> The percentage point gap between the percentage of working age learning disabled clients known to Councils with Adult Social Services Responsibilities (CASSRs) in paid employment (aged 18 to 64, this includes clients who received long term support during the year and appear in the LTS001a measure (table 1a) of the annual statutory return on Short and Long Term Support (SALT) with a primary support reason of Learning Disability Support. Support settings Nursing, Residential, and Community are included; Prison setting is excluded.), and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64).

## Excess under 75 mortality rate in adults with severe mental illness (New definition from Aug 2021)

This indicator is a measure of excess premature mortality experienced by adults with severe mental illness compared with adults without severe mental illness<sup>3</sup>.

For the most recent three year period 2018-2020 (shown as 2020/21 on the chart below) the excess mortality for people with severe mental illness(SMI) in York is **425.3%**. This is a higher level of excess mortality compared with national (389.9%) and regional (344.2%) averages.

The breakdown of the excess mortality percentage is as follows<sup>4</sup>.

- The directly age standardised rate of premature mortality per 100,000 of adults with SMI is **1,699.2**
- The directly age standardised rate of premature mortality per 100,000 of adults without SMI is **323.5**.
- The difference between the two is **1,375.7**.
- The difference divided by the non-SMI rate (323.5) and expressed as a % is **425.3%**

Trend data is available for 4 years. The excess rate in York has increased from 385.5% in 2018/19 to the present value of 425.3% in 2020/21.

The excess mortality rate is higher amongst males in York (443.9%) compared with females (431%).

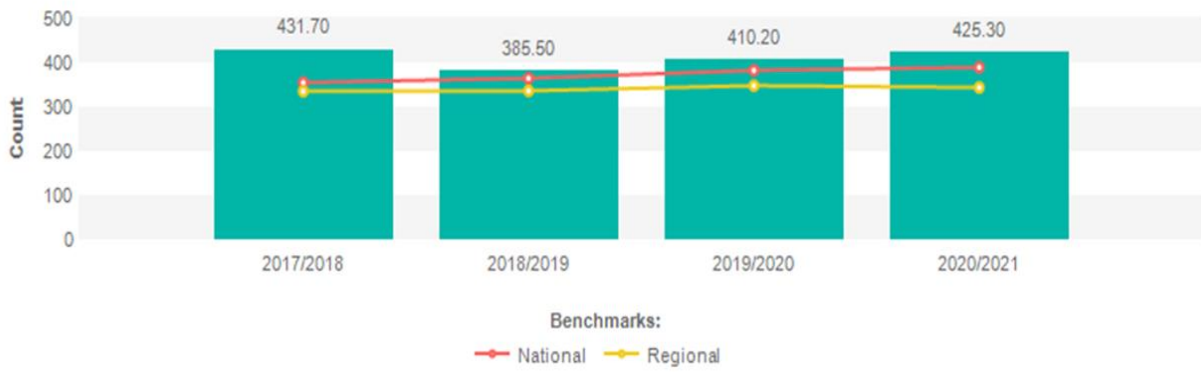
One of the key risk factors is that people with a long-standing mental health problem are twice as likely to smoke, with the highest rates among people with psychosis or bipolar disorder. This is monitored elsewhere in the Joint Health and Wellbeing Strategy (Goal 3: Reduce smoking rates).

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<sup>3</sup> SMI is defined as having a referral to secondary mental health services in the five years preceding death.

<sup>4</sup> The difference in the DSR of premature mortality in adults (age 18-74) with SMI and that in adults (age 18-74) without SMI, divided by the DSR of premature mortality for adults (age 18-74) without SMI, expressed as a percentage.  $((\text{DSR-SMI} - \text{DSR-nSMI}) / \text{DSR-nSMI}) * 100$

Excess under 75 mortality rate in adults with serious mental illness (New definition from Aug 2021) (by Financial Year)



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**Health and Wellbeing Board****20 March 2024**

Report of Debra Leadbetter, Programme Lead – Dental & Optometry, Primary Care, Humber and North Yorkshire Integrated Care Board.

**NHS Dentistry – update March 2024****Summary**

1. Humber and North Yorkshire Integrated Care Board (HNY ICB) has been responsible for the commissioning and contracting of NHS dental services since April 2023. One year on, this report sets out the current state of dental services within the City of York, providing an update on the national dental recovery plan (launched February 2024) and future HNY ICB plans for dentistry.

**Background**

2. Humber and North Yorkshire Integrated Care Board (HNY ICB) took on delegated responsibility from NHS England for the commissioning and contracting of all NHS dental services across York since April 2023.

Dental services commissioned by HNY ICB include:

- Primary Care (generally high street dentistry), accessed by patients directly. Primary care commissioned dental activity is based on Courses of Treatment (CoT) and Units of Dental Activity (UDAs).
- Community Dental Services (CDS) – primary and specialist dental care for patients who cannot be managed by a primary care practice and who have additional health and/or social care needs. By referral only.
- Intermediate Minor Oral Surgery (IMOS) – by referral from a dentist.
- Orthodontics – by referral from a dentist.
- Urgent care - available via primary care practices directly or NHS111. Urgent Care is for conditions clinically assessed as

requiring treatment within 2 and 24 hours. This does not include emergency care, which is for dispositions which require a clinical assessment within 2 hours and which can only be provided by the A&E pathway.

- Secondary care – specialist service by referral only.

While Humber and North Yorkshire Integrated Care System has the remit for commissioning dental services, Local Authorities have statutory responsibilities around oral health improvement, including commissioning evidence based oral health improvement programmes to meet the needs of the local population.

The purpose of this report is to update members on the current national and local situation. This report follows on from the report tabled at the *Health, Housing & Adult Social Care Scrutiny Committee* on 13<sup>th</sup> December 2023.

### **Main/Key Issues to be Considered**

3. Both nationally and locally, access to NHS dentistry is a challenge with issues identified relating to the national contract itself with payment mechanisms, workforce gaps, and procurement restrictions, making it difficult to secure new dental provision. In addition, it may not always be clear to patients how NHS dental services work. It is important to note that dental contracting takes place within the national context and challenges are well-embedded, meaning that HNY ICB has many issues to overcome in its aim to improve dental services.

Improving access remains an absolute priority for the ICB and since assuming delegated responsibility for the commissioning and contracting of dental services in April 2023, HNY ICB has been working hard to improve dental services for those living in the area. We are building positive relationships with the profession and local dental practices to continue to improve services. Since July 2023, we have:

- Increased the number of staff in the dental team so that they can work effectively to support local dental providers to secure and stabilise dental services.
- Procured three new dental practices, including one in York – as a result of the BUPA contract hand back, which are due to open in summer 2024.

- Invested non-recurrent funding in various initiatives aimed at improving access and reducing waiting lists, including increasing urgent access appointments and increasing orthodontic appointments.
- Made good progress in further establishing relationships with our Local Dental Committees (LDCs) to enable us to build relationships with contractors and to seek their input into future developments.

### **National Plans**

4. Within this context, HNY ICB welcomed the recent announcement in February 2024 of the NHS Dental Recovery Plan, which provides funding to support access and oral health over the next year. The recovery plan has been long-awaited and aims to address some of the known issues with the national NHS dental contract.

The plan has three broad elements:

**a) Smile for Life: a new prevention programme for oral health focused on younger children through:**

- promoting prevention initiatives in Family Hubs to improve the oral health of pregnant mums, and guidance for parents on children's oral health
- support for early years settings to incorporate oral hygiene routines
- mobile dental teams being deployed into schools in under-served areas to provide advice and deliver fluoride varnish
- a consultation on expanding water fluoridation in the North-East

**b) Make access faster and fairer for patients by investing in care delivered to new patients and rolling out new ways of delivering care in rural and coastal areas:**

- A new patient premium paid to practices for appointments with new NHS patients
- a dental van service
- an increase to the minimum UDA value to £28 this year (the Yorkshire and Humber UDA average is already £34.31)

- 'golden hello' payments to attract dentists to areas of need
  - reinforcing the ringfence on NHS dentistry budgets for 2024/25
- c) Reducing bureaucracy and making NHS dentistry simpler for patients and all dental professionals:**
- restate commitments from the NHS Long Term Workforce Plan
  - consultation on 'tie-ins' to NHS for dentist graduates
  - commitments on improving overseas recruitment of dentists.

Further details of the national plan can be found at:

<https://www.gov.uk/government/publications/our-plan-to-recover-and-reform-nhs-dentistry/faster-simpler-and-fairer-our-plan-to-recover-and-reform-nhs-dentistry>

Since the plan was announced, details from NHS England have been arriving to set out the actions required by ICBs. We are working to meet these actions/expectations and we have been communicating with our dental practices to successfully introduce the plan across HNY.

### **HNY ICB Operational Plans**

- 5) In addition to introducing the national dental reforms, HNY ICB is also working on its 24/25 investment plan for dental services. In the past, the budget available for non-recurrent investment was not confirmed until November, leaving commissioners and providers only four months in which to rollout new dental schemes, on a non-recurrent basis. This year, HNY ICB has taken a new approach to managing its financial risk and has agreed to commit to non-recurrent funding, based on past performance, from April 2024. As such, HNY ICB is developing its investment plan and has already confirmed for York:
- A continuation of all existing Flexible Commissioning schemes – these promote early intervention and improve access for vulnerable groups through participating practices.
  - A continuation of all additional urgent access sessions.

HNY ICB is also considering its options for the introduction of new schemes, including pilots of innovative approaches to support:

- Child only contracts – across both NHS and private dentistry.
- Homeless or Refugee services.
- Those living in secure mental health facilities.
- Other schemes aimed at reducing waiting lists (e.g. for orthodontics and routine dental care).

The ICB is also developing its dental plans as part of its core budget, looking at opportunities to procure Intermediate Minor Oral Surgery (IMOS) in York, expand its Referral Management System (RMS), commission additional access sessions and expand its offer for flexible commissioning. In addition, the ICB aims to work with its communications colleagues to develop key patient messages aimed at promoting good oral hygiene as well as helping patients to understand NHS dental services. Equally, the ICB aims to further develop its work with business intelligence colleagues to collect, analyse and utilise data in order to assist in making informed decisions about needs and services.

### **Benefits for City of York**

- 6) The national plan and HNY ICB operational plans (to date and in future) may have specific benefits for those living within the City of York. These can be summarised as:
- National dental recovery plan – schemes set out within this plan will be available to all dental contractors in York. It is anticipated that the 'new patient premium' announced as part of this plan will incentivise dental practices to accept new patients. We are awaiting details on how 'golden hellos' and other schemes aimed at recruiting and supporting new dentists may be targeted. If York is in scope, this could help practices with their workforce challenges and enable them to deliver more NHS dental care.
  - Emergency dental care in York – one dental provider in York is currently offering additional access sessions for patients with an urgent dental need. This scheme has been extended until 31 March 2025. The ICB is also working with NHS 111 to understand how calls are handled to ensure that patients in York can be signposted to urgent providers closer to home. This work continues.

- Children's dental care in York – the ICB is working to establish child only contracts. In York, we have had good levels of interest from practices, including both NHS and private providers. We are working to review and evaluate these expressions of interest with a view to the new service being available from April 2024 for 24 months.
- Dental commissioning plans – in York, the ICB has recently completed a procurement for new dental services, as a result of the contract handback from BUPA. The new provider is due to open from summer 2024. In addition, the ICB is working to pilot a new dental service for those living in secure mental health facilities and *may* look to expand its current Homeless pilot to new areas, such as York. HNY ICB is also working to review its current Flexible Commissioning offer, making this more accessible to providers – this should enable more sites to join the scheme later in 24/25. Finally, the ICB is also looking at gaps in services, such as intermediate minor oral surgery (IMOS) and developing plans to commission services in the city. The ICB is committed to working with dental contractors to retain their contracts and has engaged in a number of supportive conversations to review delivery targets and to support contractors when they are struggling, with the aim of reducing the number of contract hand backs in the city.
- Linking the ICB developments to the concerns raised by Healthwatch York in its report [NHS Dentistry – a service in decay](#) from July 2021, it is hoped that the above actions will help to address some of these issues.

NHS dentistry faces challenges both nationally and locally but with the February 2024 national dental reforms and the ongoing work of HNY ICB to invest in dental services across the city, we do hope to improve issues associated with access and waiting times. There is, however, much work to do in terms of correcting years of compounded issues. Nonetheless, HNY ICB is optimistic that it has the staff and investments in place to begin this work and to bring about improvements for its residents.

**Contact Details**

**Author:**

*Author's name*  
*Title*  
*Dept Name*  
*Organisation name*  
*Tel No.*

**Chief Officer Responsible for the report:**

*Debra Leadbetter*  
*Programme Lead – Dental & Optometry*  
*Primary Care*  
*Humber and North Yorkshire ICB*  
*07842418675*

**Report**  **Date** 08.03.2024  
**Approved**

*Chief Officer's name*  
*Title*

**Report**  **Date** *Insert Date*  
**Approved**

**Annexes**

*None*

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**Health and Wellbeing Board****20th March 2024**

Report of the Director of Public Health

**Joint Strategic Needs Assessment – Annual Update****Summary**

1. This report provides members of the Health and Wellbeing Board with an update on the Joint Strategic Needs Assessment (JSNA), including work undertaken in the last year by the York Population Health Hub and planned work for the coming year.

**Background**

2. Health needs assessments (HNA) are a key ‘tool’ within the public health field and specialism, used internationally as a coherent and robust tool to understand the needs and inequalities of populations and to underpin planning and decision-making. Whilst a variety of approaches can be beneficial, most HNAs incorporate elements of epidemiological assessment (e.g. trends in disease prevalence, service activity), comparative assessment (evidence and data from other areas) and stakeholder/patient assessment (e.g. focus groups, surveys).
3. Work on the JSNA is closely aligned to local work on a ‘population health management’ approach to health and care services. Because of this, the JSNA working group now sits as part of the Population Health Hub (PHH). The hub’s purpose is to put the development and delivery of population health management (PHM) programmes and the data which sits within the JSNA at the heart of local decision-making in health, care and other services.
4. Since 2013 it has been a statutory duty through the Health and Wellbeing Board, to produce a Joint Strategic Needs Assessment, which usually consists of:
  - an overarching narrative summary on the needs of a population

- deeper pieces of work on specific groups within that community 'topic-specific' needs assessments.
5. In York, the PHH steering group oversees the production of the overarching JSNA narrative. We are currently producing a new website to deliver this with greater functionality and accessibility.

### **Summary of work in 2023**

6. End of Life Health Needs Assessment
- **Scope:** This report takes a closer look at the 'Ending Life Well' section of the HWB strategy. The report looks at causes of death, where people died, and use of palliative and hospital care before the death. The report was authored by a GP fellow who was hosted in the public health team during 2023.
  - **Summary:** The report specifically looks at people who died in York in 2023. The report finds that like national trends, deaths in York are rising, with increasingly fewer people dying in hospital and more in care homes. Palliative care was more common if the cause of death was cancer, and less common if the person lived in a deprived area.
  - **Impact:** The report makes five recommendations for further partnership working, for quality improvement and for integration of care for people who are at the end of life in York.
7. Gypsy Traveller Health Needs Assessment
- **Scope:** This report described the unmet need within York's Romany Gypsy and Traveller communities. There is a lack of local quantitative and qualitative data that adequately describes the health needs of this community, including lack of an accurate count the number of people living in York. Recent workshops organised by York Travellers' Trust have provided some insight into lived experiences, however more work to do.
  - **Summary:** Evidence suggests that these communities experience worse health outcomes, live shorter lives than the rest of the population, and are less likely to receive continuity of healthcare which addresses their needs. The report considers health outcomes such as life expectancy, experiences of access to healthcare and other key services,

and wider factors that influence health including discrimination and air pollution.

- Impact: This HNA is directly supporting the priority setting for the Council led Gypsy and Traveller Delivery Group. It has also been included as supporting evidence in Local Plan documentation, and has also supported funding allocation decisions within the Raise York work program.

## 8. Drug and Alcohol Health Needs Assessment

- Scope: This needs assessment looked at the current and emerging drug and alcohol support and treatment needs of people living in York. The report includes data from national databases, local service providers, and the views of people who access recovery services and their families, as well as people who are eligible for support but not currently accessing the service.
- Summary: The report sets out what we know about drug and alcohol use in York, including the supply of drugs. The report explores what we know about people who are accessing treatment and recovery, as well as the population with unmet need who are presently not accessing support. Hospital admissions, early deaths, crime, and supply of drugs are all given chapters. There is a detailed exploration of the services that were in place, and the experience of clients and their families. Eight recommendations are made which will be picked up through the York Drug and Alcohol Partnership work program.
- Impact: This needs assessment was developed to inform the commissioning of the York community-based alcohol and drug treatment and recovery services. The report has also informed the decision to support the 'lower my drinking' campaign and the naloxone distribution program. The needs assessment will also inform the future work of the York Drug and Alcohol Partnership.

## 9. Population Health Hub

- Cost of Living Pack: The JSNA is also closely linked with the population health hub. The Population Health Hub is joint enterprise with the ICB. Jointly we have produced a number of information packs including the Cost of Living Pack which HWBB received in November.

- Lunch and Learn: The Population Health Hub also host quarterly 'Lunch and Learn' sessions with guest speakers invited to share their insights on a broad range of health topics. Recent discussion topics have included Ramadan, Cost of Living, and Social Prescribing.

### **Planned work in 2024**

10. We intend to launch the new JSNA website in April 2024. The address will remain unchanged ([www.healthyork.org](http://www.healthyork.org)). The new site will have far greater functionality and engagement opportunities. Importantly it will be fully accessible to people who use accessible reading technology as well as on mobile and tablet. The new website will also enable us to promote the JSNA resources to a wider audience than we are currently able to do.
11. Special Educational Needs and Disabilities HNA: This HNA brings together information about children and young people with special educational needs and disabilities aged 0-25. It was requested by the SEND board as one tool to review their progress against their strategy and in preparation for future OFSTED/CQC inspections. The report uses local and national statistical information as well as insight collected directly from children and young people, their parents, and professionals working in education, health and social care. This project is near completion and a full draft will be shared with the SEND board for sign off in March or April 2024.
12. We have committed to completing a further three health needs assessments in 2024 on the following topics.
  - All age Autism and ADHD
  - Women's health
  - Gambling
  - We will also begin work on the next pharmaceutical needs assessment. This will be published in 2025 in line with the national three year publishing cycle.
13. Additionally, it is anticipated that further topic specific needs assessments will arise, either through requests from officers within the local authority and/or external organisations, or in response to local requirements for reactive needs assessments.

**Implications**

- 14. There are no specialist implications of this report.

**Recommendations**

- 15. The Health and Wellbeing Board are asked to:
  - i. note the content of this report and comment on how the JSNA and work of the Population Health Hub can be further disseminated
  - ii. comment on the use of the JSNA within their own organisations, and suggest how this use could be increased

Reason: To keep the HWBB updated on the work of the Population Health Hub and the JSNA

**Contact Details**

**Author:**

Jen Irving  
Public Health Specialist  
Practitioner Advanced  
City of York Council

**Chief Officer Responsible for the report:**

**Chief Officer's name:** Peter Roderick  
**Title:** Consultant in Public Health

**Report  
Approved**



**Date** 08.03.2024

**Wards Affected:**

**All**

**For further information please contact the author of the report**

**Background Papers:**

All content relating to the overarching JSNA and the associated health needs assessments can be accessed on the JSNA website at [www.healthYork.org](http://www.healthYork.org)

## **Glossary**

CQC – Care Quality Commission

HNA – Health Needs Assessment

ICB – Integrated Care Board

JSNA – Joint Strategic Needs Assessment

OFSTED – Office for Standards in Education, Children's Services and Skills

PHM – Population Health Management

PHH – Population Health Hub

PNA – Pharmaceutical Needs Assessment

SEND – Special educational need and disability



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**Health and Wellbeing Board**  
Report of the Manager, Healthwatch York

20 March 2024

**Healthwatch York Report: Community Pharmacy: Survey results 2023**

**Summary**

1. This report is for the attention of Board members, sharing a Healthwatch report which looks at the results of a survey exploring people's experiences at community pharmacies, led by Healthwatch York in partnership with Healthwatch North Yorkshire and Community Pharmacy North Yorkshire.

**Background**

2. Healthwatch York provides information and advice about health and care services, signposts people to support, and listens to their experiences when accessing health and care services. Recently we have been working to improve our links with Community Pharmacy North Yorkshire. We wanted to better understand the pharmacy sector, the services they provide, and the challenges they experience.
3. We agreed to work with them and Healthwatch North Yorkshire to understand people's experiences of community pharmacies across North Yorkshire and York.

**Main/Key Issues to be considered**

4. Our report's key findings are:
  - Many people have very positive experiences when accessing healthcare and advice from their local Community Pharmacy
  - Pharmacies are often seen as a key part of the local community, and are greatly valued

- There is a lack of awareness of what the NHS pharmacy contract covers, and a lack of understanding of the realities of delivering pharmacy services
- Better awareness of the services Community Pharmacy can offer may help reduce demands on other services within the health and care system
- Better understanding of the pressures on Community Pharmacy may help improve attitudes and relationships between those delivering pharmacy services and those accessing them

### **Consultation**

5. In producing this report, we worked with Community Pharmacy North Yorkshire to consult the public through a short, simple survey. We also used the experiences people had already shared with us.

### **Options**

6. There are no recommendations within this report, and no specific options for the Board to consider.

### **Implications**

7. There are no specialist implications from this report.

- **Financial**

There are no financial implications in this report.

- **Human Resources (HR)**

There are no HR implications in this report.

- **Equalities**

There are no equalities implications in this report.

- **Legal**

There are no legal implications in this report.

- **Crime and Disorder**

There are no crime and disorder implications in this report.



- **Information Technology (IT)**

There are no IT implications in this report.

- **Property**

There are no property implications in this report.

- **Other**

There are no other implications in this report.

**Risk Management**

8. There are no risks associated with this report.

**Recommendations**

9. The Health and Wellbeing Board are asked to:
  - i. Receive Healthwatch York's report, Community Pharmacy

Reason: To keep up to date with the work of Healthwatch York and be aware of what members of the public are telling us

**Contact Details**

**Author:**

Siân Balsom  
Manager  
Healthwatch York  
01904 621133

**Chief Officer Responsible for the report:**

**Report Approved**

|   |
|---|
| ✓ |
|   |

**Date** 08.03.2024

**Wards Affected:** All

All

**For further information please contact the author of the report**

**Background Papers:**

**Annex A – [February 2024 Community Pharmacy report](#)**

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# Community Pharmacy

Survey results 2023  
Published February 2024

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## Acknowledgements:

Thanks to everyone at Community Pharmacy North Yorkshire (CPNY) and our local pharmacy colleagues for supporting us with this work. Particular thanks to Tracey at Copmanthorpe for sharing a day in her life, and talking us through the journey of a prescription, and to Ian at CPNY for making time to meet with us to finalise this report and sharing a wealth of information about the challenges facing pharmacies.

Cover photo by Mariano Baraldi via unsplash

# Background

Pharmacies are one of our easiest health services to access, providing free information and advice to millions every year. In North Yorkshire alone, they dispense around 1.25M items every month<sup>1</sup>. Pharmacies are one of the four pillars of primary care services alongside GPs, dentistry and eye care. There are over 11,500 pharmacies in the UK<sup>2</sup>.

Pharmacies provide a number of essential services<sup>3</sup> through their NHS contracts. These are:

- Dispensing Medicines, and keeping records of all medicines they dispense
- Repeat Dispensing / eRD (electronic Repeat Dispensing)
- Dispensing Appliances
- Discharge Medicines Service – hospitals can make a referral to pharmacies when someone leaves hospital. Community pharmacies will then check the person's current prescriptions and any changes made whilst they were in hospital, contact the patient to make sure they understand the changes that have been made, and make sure the patient then has the right prescriptions in place
- Healthy Living Pharmacy, promoting public health information and holding public health events
- Self-care support – through advice and the sale of medicines
- Signposting
- Disposal of unwanted medicines

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<sup>1</sup> [UK community pharmacy data | PharmData.co.uk](https://pharmdata.co.uk)

<sup>2</sup> <https://www.statista.com/statistics/418071/community-pharmacies-in-england/>

<sup>3</sup> [Essential Services - Community Pharmacy England \(cpe.org.uk\)](https://cpe.org.uk)

In some areas, pharmacies are also funded to provide additional 'advanced' services, such as:

- Community Pharmacy Consultation Service (CPCS) – now replaced by Pharmacy First referral schemes
- Walk in Consultation Service (WICS)
- Flu vaccination Service
- Smoking Cessation Service
- Hypertension Case-Finding
- Lateral Flow Devices (LFD) Service
- New Medicine Service
- Pharmacy Contraception Service
- Appliance Use Reviews
- Stoma Appliance Customisation

There can also be National Enhanced Services and Local Enhanced Services, covering things like:

- Covid-19 Vaccination Service

During the Covid-19 pandemic pharmacies also received funding through an NHS England scheme to help cover the costs of delivering medicines to those unable to collect it<sup>4</sup>. This funding has now ended.

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<sup>4</sup> [C1198\\_Home-delivery-during-the-COVID19-outbreak-Service-Spec-and-guidanceV7.pdf \(england.nhs.uk\)](#)

Recent years have been tough for pharmacies. In January 2022, the Pharmaceutical Services Negotiating Committee (PSNC) released a briefing<sup>5</sup>. In it they outline the cut to pharmacy funding from £2.8bn in 2015/16 to £2.592bn in 2017/18 and that funding has remained stagnant since. Earlier this year the Company Chemists' Association reported a 'truly broken' funding model that equated to a £67,000 shortfall for each community pharmacy<sup>6</sup>.

In April 2022, a PSNC report raised concerns about medicines supply chain problems fuelling a rise in abuse towards pharmacy staff<sup>7</sup>. The report highlighted the increased stress and workload for pharmacy staff alongside frustrations and inconvenience for pharmacy users. In response to these growing frustrations, Community Pharmacy England released a factsheet for patients to explain medicines supply issues<sup>8</sup>.

In December 2022, leaders of a number of pharmacy representative bodies wrote to the Secretary of State<sup>9</sup>. They raised their concerns that many pharmacies were struggling to survive. They highlighted that due to the way prescriptions are paid out, many pharmacies are now dispensing at a loss and facing critical cashflow problems. Without addressing the "30% real terms funding cuts" over the past 7 years, they state that the Government risks more pharmacy closures and medicine supply problems. They highlighted the need for further investment to make sure pharmacies can expand the role they play in supporting the health and wellbeing of their communities.

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<sup>5</sup> [PSNC-Briefing-003.22-Pharmacy-Funding-and-Capacity.pdf \(cpe.org.uk\)](#) January 2022

<sup>6</sup> [Funding model 'truly broken' as each pharmacy facing £67k yearly shortfall, warns CCA | Chemist+Druggist :: C+D \(chemistanddruggist.co.uk\)](#) 09 January 2023

<sup>7</sup> [Medicine supply chain issues fuelling rise in abuse towards pharmacists in England, report finds | ITV News](#) 25 April 2022

<sup>8</sup> [PSNC-Medicines-Supply-Information-Leaflet-July-2022.pdf \(cpe.org.uk\)](#)

<sup>9</sup> [Pharmacy leaders join forces to write to the Secretary of State - NPA » NPA](#) 23 December 2022

In April 2023, Channel 4 News<sup>10</sup> reported on a survey completed by PSNC. This annual survey highlighted the ongoing concerns about pharmacy viability. To understand just how bleak a picture this painted, these are the key findings of the survey<sup>11</sup>:

- 96% of pharmacy companies reported significantly higher costs. Most pharmacy owners (96%) blamed unreimbursed medicine costs, as well as increases in wages (91%), rising utility costs (78%) and increased time to source medicines (76%) for these rising costs.
- 73% of pharmacy owners reported that they didn't know how much longer the threats to their businesses could be managed. 16% don't think that they will survive another year; only 7% of respondents considered their pharmacy business to be profitable.
- 97% of pharmacy owners reported being unable to source some medicines for patients. 81% said they were unable to spend as much time with patients, and over three-quarters (76%) said they were unable to respond to patients' calls and emails as quickly as usual. 73% reported longer dispensing times for prescriptions. 65% reported patients waiting longer in the pharmacy for advice.
- Around half (52%) of pharmacy staff said that the pharmacies they work in were unable to provide advanced services for patients and 44% reported being unable to provide locally commissioned services to patients. Nearly three-quarters (70%) of pharmacy team members reported patients waiting longer in the pharmacy for advice from staff.
- According to pharmacy team members, 92% of pharmacies are dealing with medicine supply issues every day; a significant increase from 67% the previous year.

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<sup>10</sup> [Pharmacies on 'brink of collapse' in England – Channel 4 News](#) 12 April 2023

<sup>11</sup> [PSNC-Briefing-009.23-Summary-of-the-results-of-PSNCs-2023-Pharmacy-Pressures-Survey.pdf \(cpe.org.uk\)](#)



- 97% of pharmacy owners also reported significant increases in wholesaler and medicine supply issues. 71% reported significant increases in delays in prescriptions being issued. Similarly, 93% of pharmacy owners said that their staff were spending longer than ever before on medicines procurement, with the average extra staff time needed to procure medicines being 11 hours per week; up from 5.3 hours last year.
- 87% of pharmacy teams members said that patient health is being put at risk due to medicines supply issues.
- 78% of pharmacy team members said that their work is having a negative impact on their mental health and wellbeing. 31% of pharmacy staff said they were barely coping. 88% of pharmacy owners said that they were concerned or extremely concerned about the wellbeing of their pharmacy team(s)
- 45% of pharmacy teams cited patient abuse as one of the reasons why they are not coping at work. Other factors included increased workload (81%), problems sourcing medicines for patients (71%), increases in patient requests for support (81%) and staff unavailability (34%).

As a result of these pressures, there have been a number of pharmacy closures. In January 2023 Lloyds Pharmacies announced the closure of 237 stores in Sainsbury's supermarkets, putting 2,000 jobs at risk<sup>12</sup>. Lloyds cited "changing market conditions" as the driver for these closures. In June, Boots also announced the closure of 300 stores but confirmed they expect to redeploy all workers across their remaining 1,900 stores<sup>13</sup>.

In April 2023, the Government laid out new regulations enabling 100 hour pharmacies to reduce their core hours to no less than 72 hours per week. They must maintain 5–9pm hours Monday to Saturday and 11am–4pm on Sunday. The impact of closures and changes to the total number of pharmacy hours in York and North Yorkshire can be seen in Appendix 3.

In May 2023 NHS England published the delivery plan for recovering access to primary care. This provided an update on support to practices

and Primary Care Networks, alongside checklists of actions. The key elements of this recovery plan are:

- Emphasis on digital technology at GP practices
- Offering appropriate care through an increase in non-GP roles at GP practices
- People will be encouraged to manage their own health at home
- More services offered through community pharmacy

In more detail, this means the plan asks community pharmacy to increase the services they offer. First, they must increase the number of blood pressure checks they do under the NHS Hypertension Case-Finding service by a further 2.5 M in a year.

Next, Pharmacy First launched in February 2024. This scheme allows pharmacists to treat 7 common ailments. These are:

- sore throat (5 years +)
- earache (1-17 years only)
- sinusitis (12 years +)
- impetigo (1 year +)
- shingles (18 years +)
- infected insect bites (1 year +)
- uncomplicated urinary tract infections in women (16-64 years)

The scheme means that they can supply prescription-only medication including antibiotics and antivirals under something known as a 'patient group direction'. A patient group direction (**PGD**) is a written instruction that allows named, authorised and registered healthcare professionals to sell, supply or administer named medicines in an identified clinical

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<sup>12</sup> [Lloyds Pharmacy to close all 237 Sainsbury's outlets | Pharmaceuticals industry | The Guardian](#) 19 January 2023

<sup>13</sup> [How many Boots stores are closing? Why the closures are happening and which branches are expected to shut \(inews.co.uk\)](#) 28 June 2023

situation legally, without needing a written, patient-specific prescription from an approved prescriber.

There is also a greater role for pharmacies in the Pharmacy Contraception Service. This allows pharmacists to manage, and in time start people on oral contraception. This will be further extended to include long acting reversible contraception (LARCs), but not intrauterine devices or systems.

Understandably, there is significant concern about the ability of pharmacies to fulfil the increased role identified for them. The funding offered for these schemes doesn't begin to address the total shortfall in pharmacy funding. At the same time, the increase in non-GP roles in GP practices may increase the recruitment challenges pharmacies are experiencing. (For more information about what a typical day for a pharmacist looks like please see Appendix 5)

Healthwatch York and Healthwatch North Yorkshire were contacted by Community Pharmacy North Yorkshire to seek feedback about people's experiences of local pharmacies across York and North Yorkshire. The aim is to establish a baseline regarding public perception of pharmacy services across North Yorkshire and York, with a view to repeating the survey in future years to see what impact new initiatives and services have on people's views.

## What we did to find out more

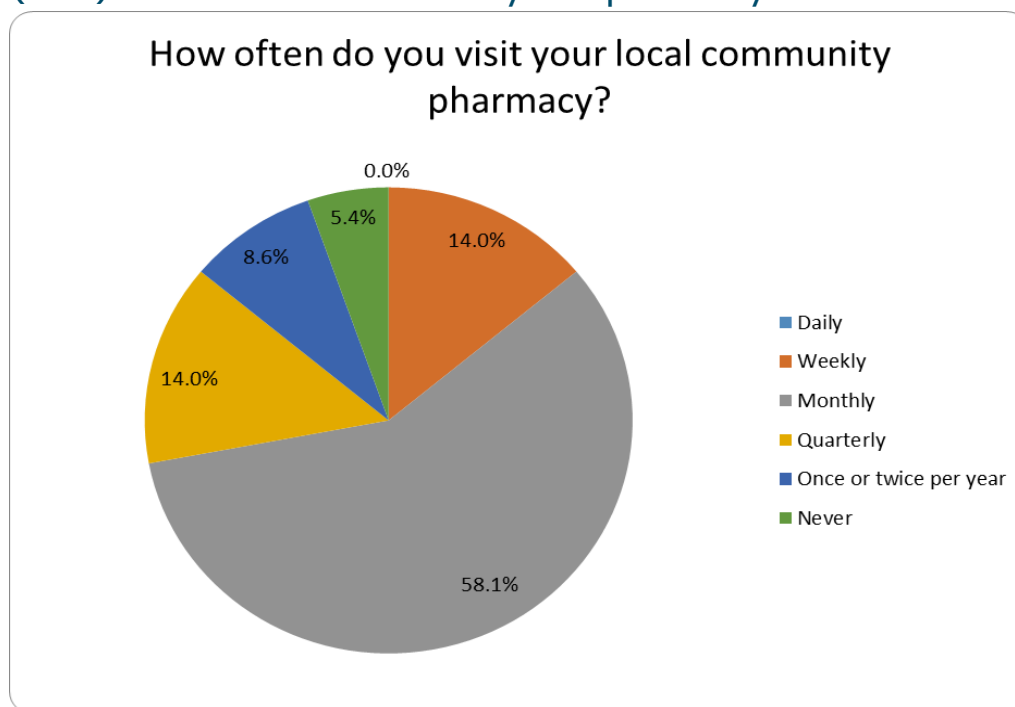
Healthwatch York, Healthwatch North Yorkshire and Community Pharmacy North Yorkshire worked together to develop a survey. This was available online and in paper form. The survey was promoted through the Healthwatch social media and newsletters. Paper copies were taken to events and activities where we encouraged people to respond. Pharmacies were asked to help share the survey instore.

The survey ran from Monday 22 May to 17 July 2023. Ninety-four people responded from across York and North Yorkshire.

# Survey findings

## How often do people visit their local pharmacy

The majority of respondents (58.1%) visited their local pharmacy monthly. No-one visited the pharmacy daily and a similar number (14%) visited either weekly or quarterly.



## Which pharmacy do people visit?

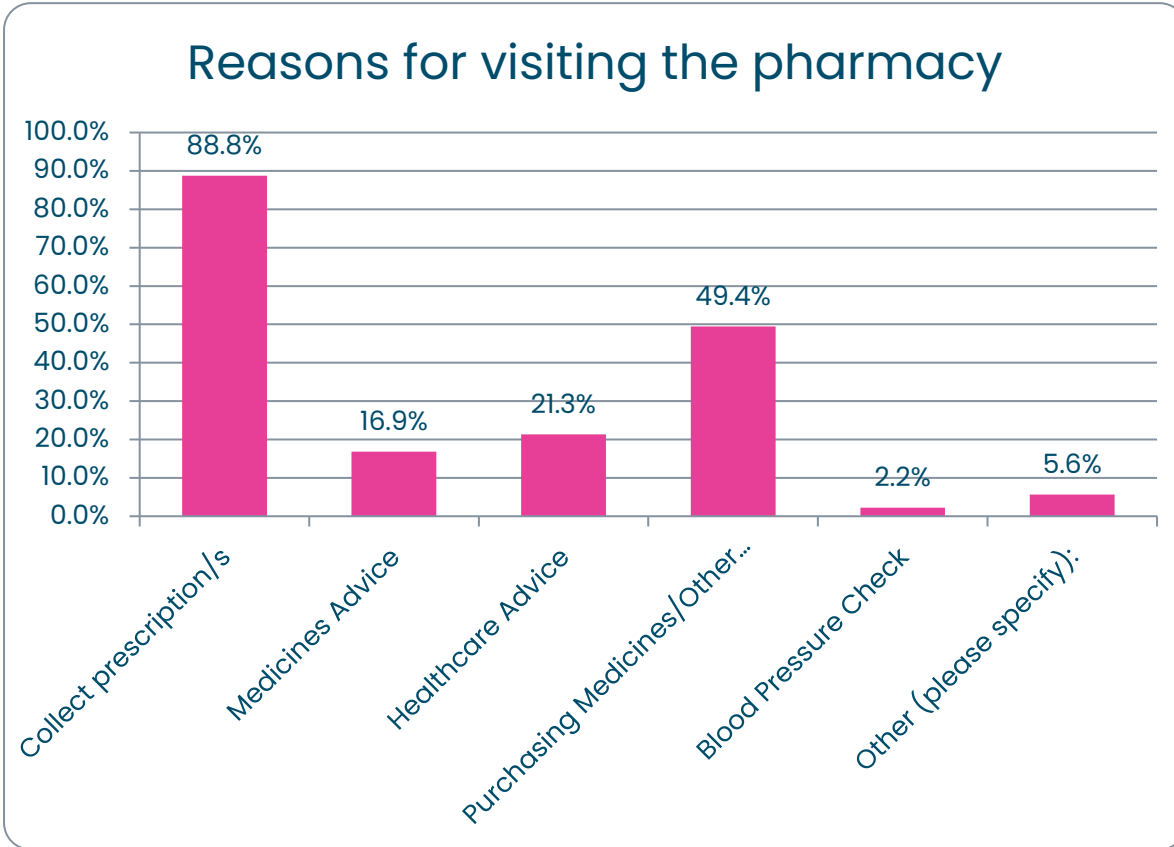
We asked people to name their local pharmacy. As this survey covered York and North Yorkshire, there was a wide variety of pharmacies mentioned including chains like Boots and Lloyd's, independent pharmacies, pharmacies in supermarkets and those at GP surgeries.

## Why do people go to their local pharmacy?

People were able to select more than one option, so the number of respondents to this question was more than those responding to the survey. The majority of respondents (88.8%) go to the pharmacy to collect prescriptions. The next most popular reason is to purchase

medicines or other goods (49.4%). Nearly a quarter of respondents (21.3%) went for healthcare advice.

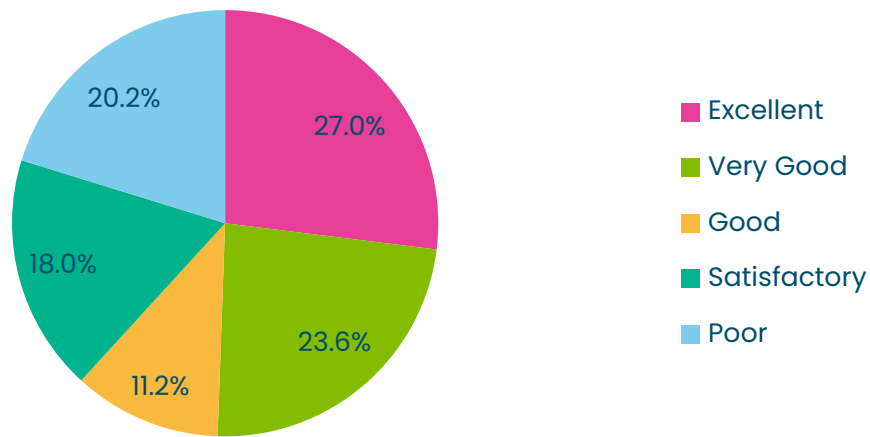
Respondents also added that they had been to the pharmacy for their flu or Covid vaccinations.



### Rating your local pharmacy

We asked people to rate the service they get from their local pharmacy, giving options of excellent, very good, good, satisfactory and poor. Just over half of respondents (50.6%) rated their local pharmacy as either excellent or very good, 11.2% thought they got a good service with 18% finding the service satisfactory. Just over a fifth (20.2%) rated the service received as poor.

## How would you rate the level of service you currently receive from your local pharmacy?



There was no significant difference in the ratings between York and North Yorkshire: 59% of York respondents rated their local pharmacy excellent, very good or good; 64% of North Yorkshire respondents rated their local pharmacy excellent, very good or good.

People were able to leave comments to explain their rating. The comments were mixed, in line with the above ratings. Many of the more negative comments focused on the time taken for people to get prescriptions once they had been ordered, unfriendly staff and pharmacies often not having the medication required or not being able to fulfil the full prescription. The positive comments were about excellent and helpful staff and a good service. Comments included:

### Positive

"This pharmacy is a big part of our community, a safe place to go for advice or help with any 'not to bother the doctor' enquiries."

"Pharmacist is always available to explain medicines and their use. Give advice on any minor problems and where to go for treatment."

"Always pleasant and friendly. Good stock of things other than medicines."

"All staff are extremely helpful and knowledgeable."

"Extremely helpful. Will deliver when I can't collect. And make up daily medication pods for my neighbour when other pharmacies refused."

"Helpful staff, closely linked to doctors next door. Text when prescription meds are ready to collect. Pharmacist available to offer advice."

"Very prompt service, polite and efficient staff. Tried to use for a covid jab but they had no supplies in, however they referred me to (Name of another) pharmacy who obliged. They were also very good."

#### Mixed

"Generally speaking it is ok. Staff are not the friendliest but they do the job efficiently. It's a small shop though so they often don't have stock of items needed. ... We had two items not available in two days recently, one an urgent care item and one a repeat that had been ordered well in advance. Considering it is a regular item and we always get ours from this pharmacy it feels like the demand is predictable but I don't know if the IT systems can support with producing repeat orders or not."

"I have regular monthly prescriptions to collect and after trying a number of other pharmacies (who regularly didn't have the meds, could be brusque and sometimes rude, and I often had to visit a number of times each month before they had the right prescription), I discovered (name of pharmacy) who have been brilliant. Their service is excellent, they are always very helpful, they will communicate when there are problems with my meds and do their



best to resolve them, and they will order meds or track them down when they don't have them in stock.”

“Issues with supply at times – although appreciate this isn't the fault of the pharmacy. Also issues with GP communicating effectively with the pharmacy in a timely manner. I took my son to have a wound looked at – they were fantastic. Had a look there and then and gave advice, avoiding a trip to A&E.”

“We used to collect our prescriptions from (name of pharmacy) and waited in a queue, always to be told to go back in any length of time, sometimes half an hour and then the prescriptions were still not ready, or they didn't have sufficient tablets etc etc and go back the next day. I changed to (online pharmacy) who deliver a couple of days later and that is wonderful.”

“While staff are very helpful and pleasant, the online-request-to-pharmacy-pickup system is flawed. I have received out-of-date and very short-dated meds a couple of times. On two occasions the full amount has not been available, meaning another eight mile round trip to collect the remaining balance.”

### Negative

“Since they were taken over.... (my pharmacy) has become really poor in terms of customer service. This escalated yesterday when I went in to give them my PPC number and they ended up talking over me and shouting at me, so much that I left in tears.”

“The queues in (name of pharmacy) in Scarborough went halfway down the shop. There was often only one person at the desk and my drugs were often out of stock/low in stock.”

“They often get my prescriptions wrong – due to mistakes made with automatic dispensing.”

## **Additional services**

We asked people if there are any other services that they'd like their pharmacy to offer. Just over two thirds of respondents (67%) either didn't respond or said they didn't feel their pharmacy could offer more services. Some of those responses said that the pharmacy needed to focus on doing what it was already doing and do it better or that the size of the premises and number of staff restricted their ability to do more.

Some of the suggestions for additional services reflect the fact that not all pharmacies are contracted to provide the same services, so some people asked for flu or Covid vaccinations, others for health advice or blood pressure checks when these services are already offered by other pharmacies.

A few people were pleased to hear about the plans for pharmacies to be able to prescribe some medications and think this is a positive move.

Other suggestions included:

"Medication reviews, blood pressure and blood tests. Offer medicines for what are thought minor issues."

"Taking blood and vaccinations would be great. Prescribing low level things like inhalers etc."

"Free home delivery."

"To reinstate the Saturday morning opening times."

"Ear syringing."

"Hearing test and eye test."

“Blood pressure checks and others necessary for dispensing the contraceptive pill.”

“Menopause support.”

One comment demonstrated the need to continue to raise awareness about services available at pharmacies. This is echoed by findings in the recent Healthwatch York and Healthwatch North Yorkshire urgent care report which found only 3% of people spoken to at Urgent Care Centres (UTCs) in York, Selby, Scarborough and Malton had contacted their pharmacy before going to the UTC.

“Although I read things that are happening on a national basis, I have never received any specific information re what my local pharmacy can offer.”

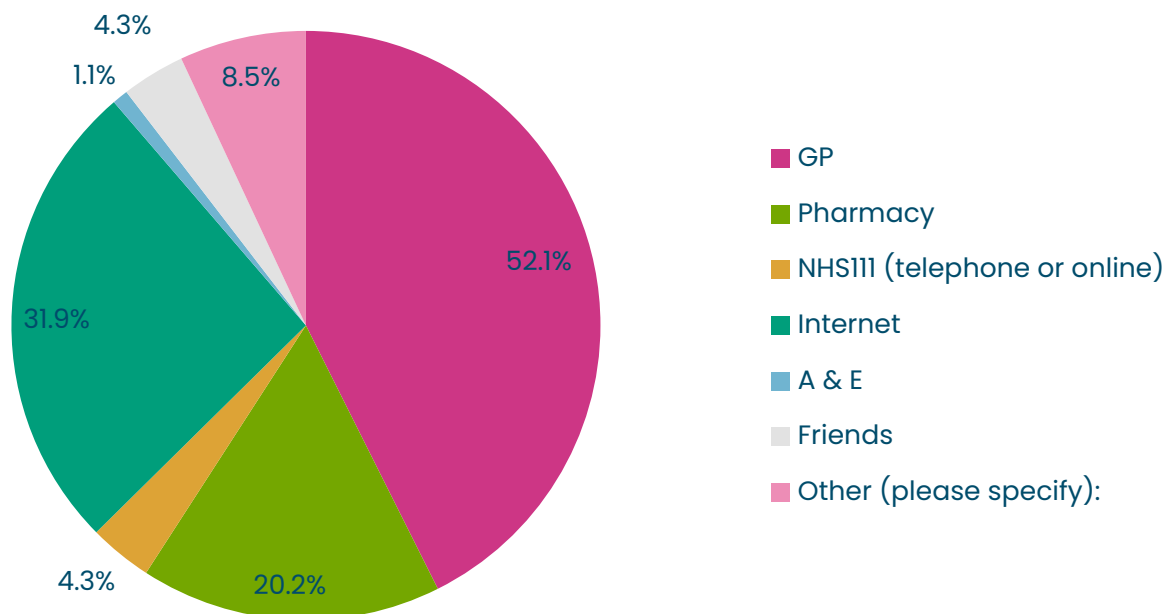
### **First port of call for healthcare advice**

We asked people where they would first turn for healthcare advice. In the text responses many people said their choice depends on the nature and that they would go to different sources depending on what they were seeking advice on.

For those who responded to the question, the majority (52.1%) go to their GP for advice, just under a third look on the internet (31.9%) and just over a fifth, 20.2%, go to their pharmacy.

In the other category, people mentioned having healthcare or pharmacy professionals in their family who they would ask first.

## What is usually your first port of call for healthcare advice?

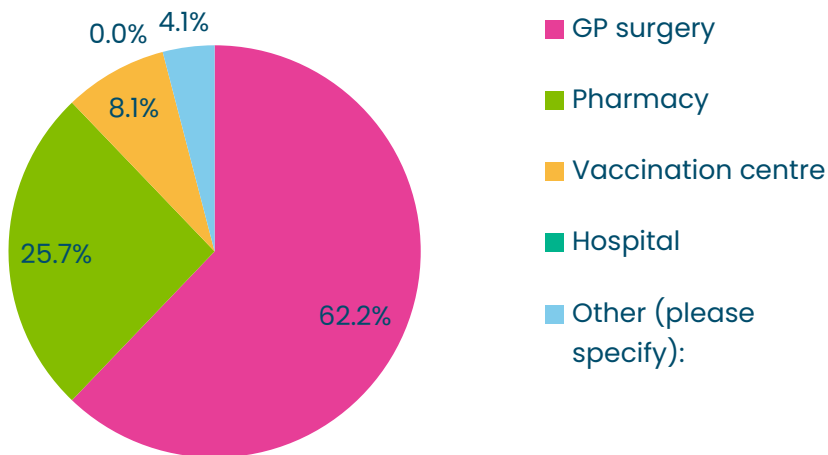


### Flu vaccinations

We asked people if they had taken up a flu vaccination between September 2022 and March 2023. More than three quarters of respondents (78.7%) had. Those people were then asked where they had received the vaccination.

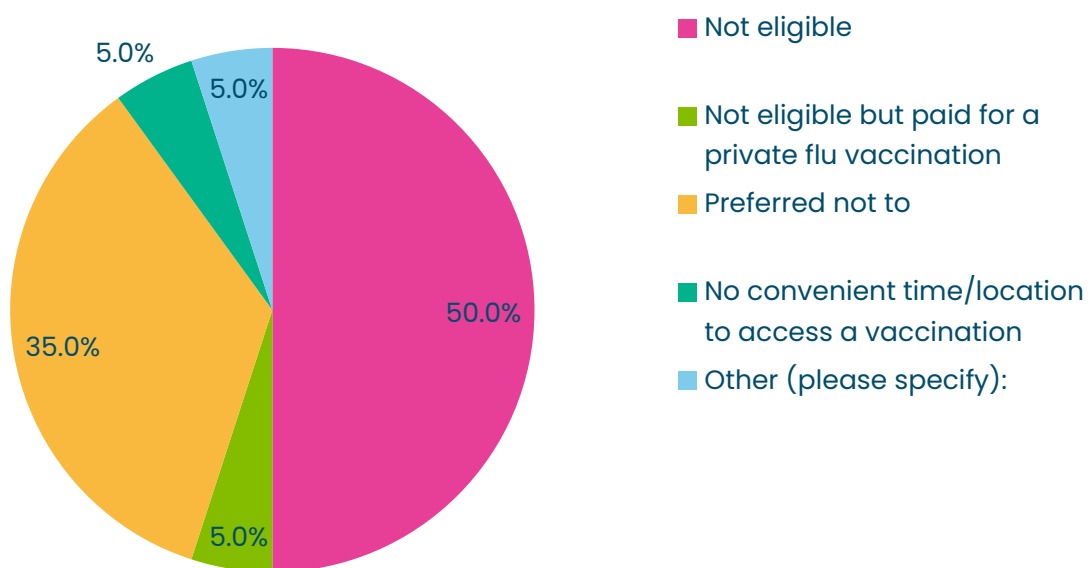
Nearly two thirds (62.2%) had had the vaccination at a GP surgery, a quarter (25.7%) had been to their local pharmacy and 8.1% had been to a vaccination centre. All those who selected other had also been to a pharmacy, but not their local pharmacy.

## Where did you receive your flu vaccination?



We asked those who hadn't had a flu vaccination why not. Twenty people responded and most (50%) were not eligible, others chose not to (35%) and one person each said they weren't eligible but paid for a private vaccination, couldn't get a convenient time or location or gave another option, which was that they hadn't thought about it.

## Please tell us why you didn't have a free NHS flu vaccination



## Conclusion

Feedback from people about their local pharmacies was mixed. Where people had a good experience, they rated their pharmacies highly and used and benefited from all the services they offered. These pharmacies were seen as a key part of the local community and were valued.

However, other people struggled with their local pharmacies and found the service less than ideal. In these instances some people still went to those pharmacies as they were local and convenient and put up with the poor service. In other cases they found other pharmacies who they felt provided a service that better met their needs.

It was clear from the responses that there is a lack of awareness of which services pharmacies provide under their NHS contract. There is also a lack of awareness and understanding regarding the realities of their work, and the wider challenges facing community pharmacy. For example, it is clear many people expect prescriptions to be available to collect within 24 hours of sending a repeat prescription request. See Appendix 4 – Journey of a Prescription for more information on why this is not the case.

With people increasingly being encouraged to seek healthcare advice at their local pharmacy, including some medication prescribing from February 2024, it is vital that pharmacies are supported, and invested in, to be able to provide the full range of services and support pharmacies can deliver.

Local pharmacies have been clearly identified as a significant part of the solution to the challenges the NHS is experiencing. However, in order to continue to deliver current services alongside new healthcare support, they need to be properly funded and seen as an integral part of the health and care system as a whole. In addition, to support the desired change in our population's use of pharmacies, NHS England and partners need to consider their public communications strategy to promote a Pharmacy First agenda.

# Initial response from Community Pharmacy North Yorkshire

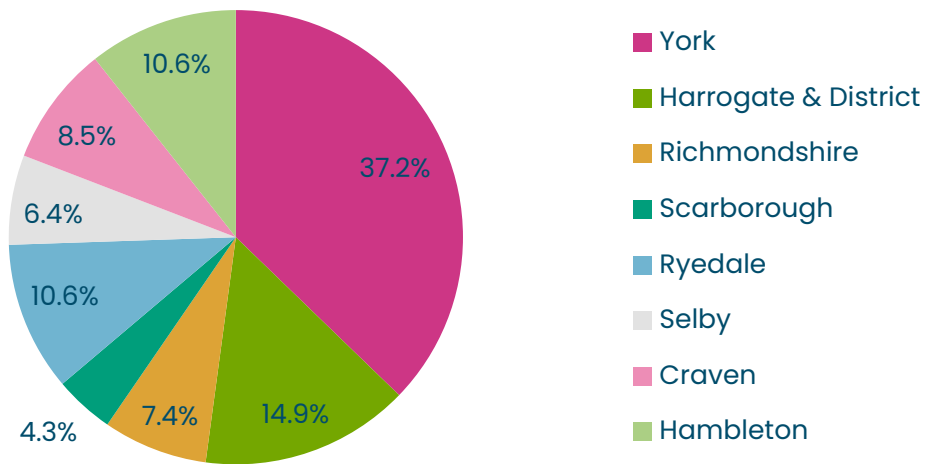
Community Pharmacy North Yorkshire are grateful to everyone who responded to this survey. Whilst acknowledging this is only a small sample size, it clearly outlines the value for many in easy access to healthcare advice and services close to home. It also acknowledges the impact on the people and communities we serve of the current issues affecting local pharmacy.

We welcome the recent announcement about Pharmacy First. We are excited about the opportunities this presents for pharmacy to take up its rightful place in easing the current pressures on other NHS services. But this must be properly funded, to make sure anyone walking into a pharmacy can get the services we are able to offer.

# Appendix 1 – Demographic information

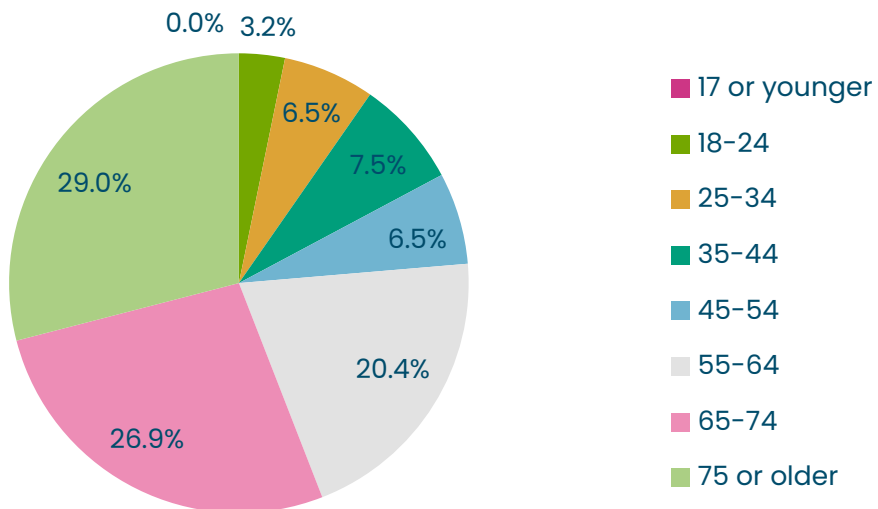
## Where people lived

Please tell us which area of York and North Yorkshire you live in



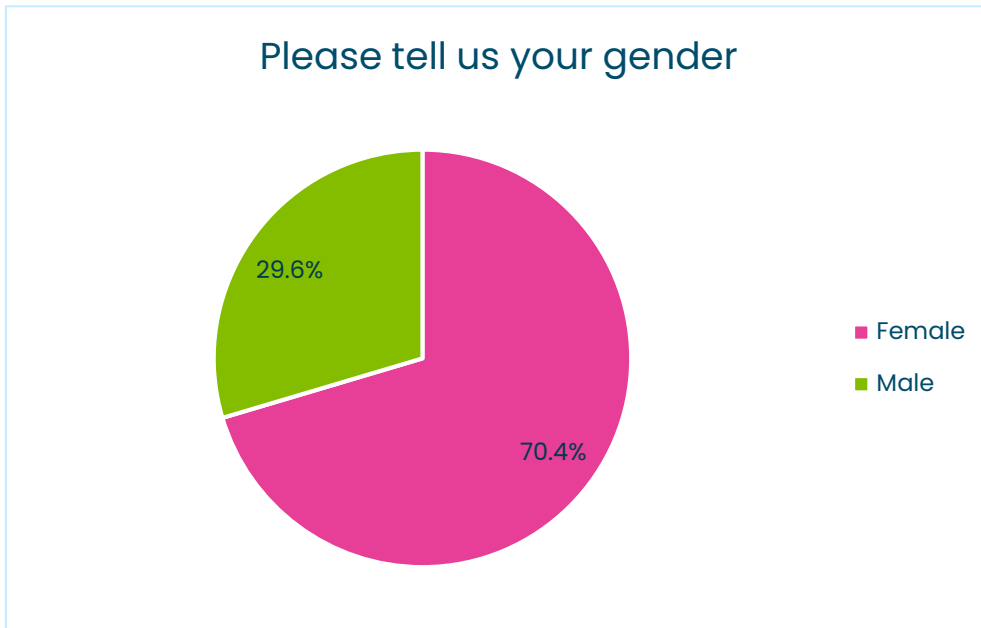
## Age of respondents

Please tell us your age

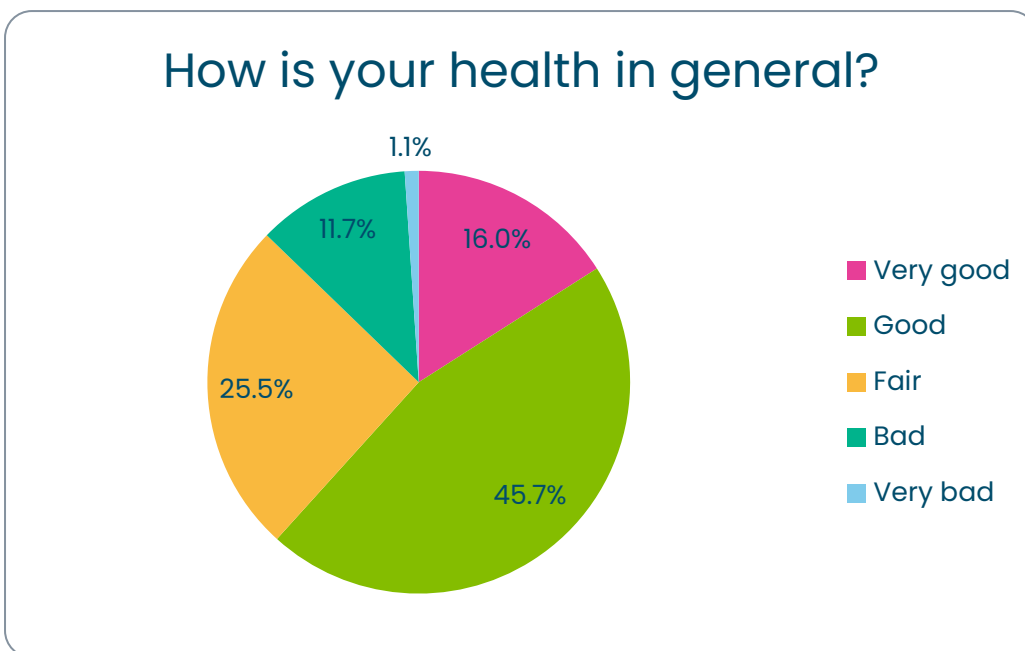




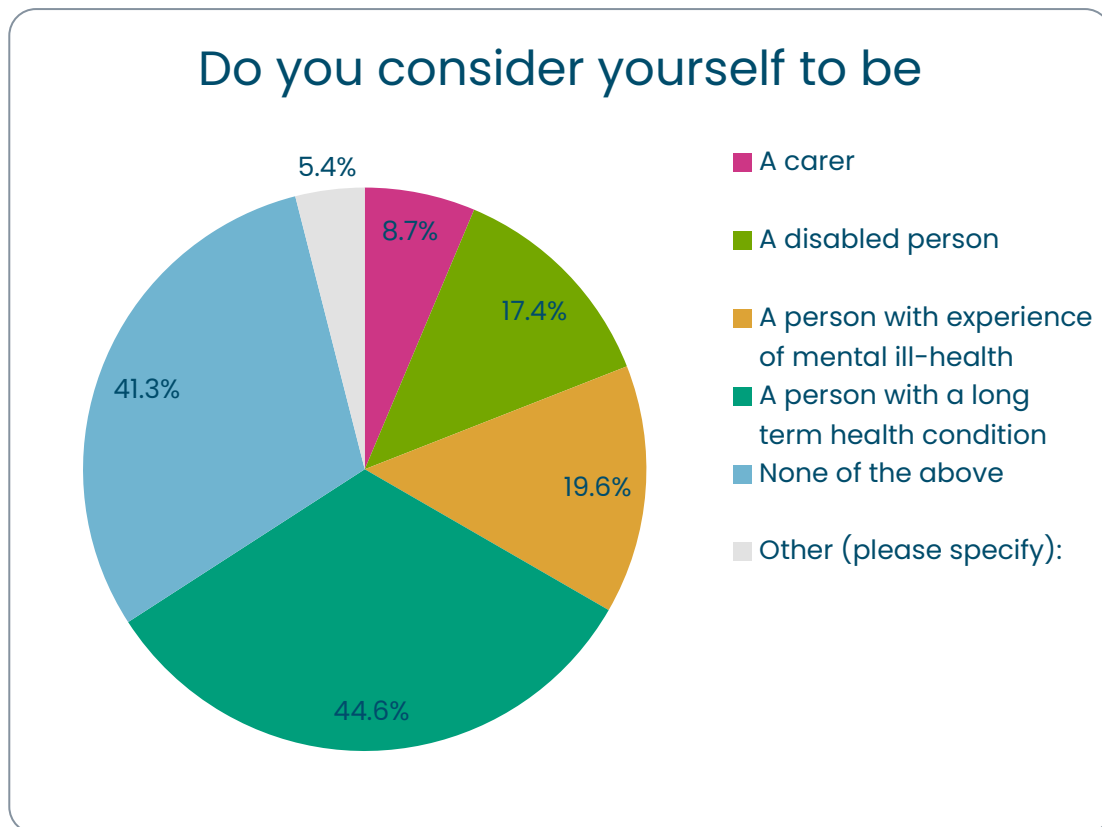
## Gender of respondents



## Respondents' health



## Respondents' health and other considerations



## Appendix 2 – Price concessions

### September 2023

When community pharmacies cannot source a drug at or below the reimbursement price as set out in the Drug Tariff, the Department of Health and Social Care (DHSC) can introduce a price concession at the request of Community Pharmacy England. For any drugs granted price concessions, contractors are automatically reimbursed at the new prices for that month.

As an indicator of the scale of challenges Community Pharmacy are experiencing in sourcing medication, this is the list of medications on price concessions at the end of September 2023.

| <b>Drug</b>                                | <b>Pack size</b> | <b>Price concession</b> |
|--|------------------|-------------------------|
| Acamprosate 333mg gastro-resistant tablets | 168              | £23.67                  |
| Aciclovir 800mg tablets                    | 35               | £3.81                   |
| Amiloride 5mg tablets                      | 28               | £14.24                  |
| Amisulpride 100mg tablets                  | 60               | £18.11                  |
| Amisulpride 200mg tablets                  | 60               | £32.15                  |
| Atomoxetine 10mg capsules                  | 28               | £44.45                  |
| Atomoxetine 18mg capsules                  | 28               | £42.95                  |
| Atomoxetine 25mg capsules                  | 28               | £43.21                  |
| Atomoxetine 40mg capsules                  | 28               | £48.84                  |

|   |     |        |
|---|-----|--------|
| Atomoxetine 60mg capsules                       | 28  | £48.48 |
| Atorvastatin 10mg tablets                       | 28  | £1.39  |
| Atorvastatin 20mg tablets                       | 28  | £1.95  |
| Atorvastatin 40mg tablets                       | 28  | £2.25  |
| Atorvastatin 80mg tablets                       | 28  | £5.32  |
| Beclometasone 50micrograms/dose nasal spray     | 200 | £2.63  |
| Benzoyl peroxide 5% / Clindamycin 1% gel        | 30  | £11.95 |
| Benzoyl peroxide 5% / Clindamycin 1% gel        | 60  | £22.21 |
| Betahistine 16mg tablets                        | 84  | £8.85  |
| Betahistine 8mg tablets                         | 84  | £4.09  |
| Betamethasone valerate 0.1% cream               | 30  | £2.28  |
| Bicalutamide 150mg tablets                      | 28  | £3.63  |
| Bimatoprost 100micrograms/ml eye drops          | 3   | £3.97  |
| Bisacodyl 5mg gastro-resistant tablets          | 60  | £4.59  |
| Brimonidine 0.2% eye drops                      | 5   | £3.20  |
| Brinzolamide 10mg/ml / Timolol 5mg/ml eye drops | 5   | £9.20  |
| Brinzolamide 10mg/ml eye drops                  | 5   | £4.99  |
| Bumetanide 1mg tablets                          | 28  | £2.80  |
| Buprenorphine 8mg sublingual tablets sugar free | 7   | £4.21  |

|   |     |       |
|---|-----|-------|
| Calamine lotion   | 200 | £1.92 |
| Calcipotriol 0.005% / Betamethasone dipropionate 0.05% ointment | 30  | £9.14 |
| Carbocisteine 250mg/5ml oral solution                           | 300 | £7.49 |
| Carvedilol 6.25mg tablets                                       | 28  | £1.30 |
| Chloramphenicol 1% eye ointment                                 | 4   | £4.99 |
| Chlorphenamine 2mg/5ml oral solution sugar free                 | 150 | £7.63 |
| Cinacalcet 30mg tablets   | 28  | £7.25 |
| Clarithromycin 125mg/5ml oral suspension                        | 70  | £4.10 |
| Clarithromycin 250mg tablets                                    | 14  | £3.25 |
| Clarithromycin 250mg/5ml oral suspension                        | 70  | £5.18 |
| Clarithromycin 500mg tablets                                    | 14  | £8.10 |
| Clotrimazole 1% cream   | 20  | £1.94 |
| Clotrimazole 1% cream   | 50  | £3.99 |
| Clotrimazole 500mg pessaries                                    | 1   | £9.45 |
| Co-amoxiclav 500mg/125mg tablets                                | 21  | £4.50 |
| Co-beneldopa 12.5mg/50mg capsules                               | 100 | £4.82 |
| Co-careldopa 25mg/100mg tablets                                 | 100 | £6.62 |
| Co-codamol 30mg/500mg capsules                                  | 100 | £3.96 |

|   |     |        |
|---|-----|--------|
| Codeine 30mg tablets  | 28  | £1.08  |
| Codeine 30mg tablets  | 100 | £3.86  |
| Cyclizine 50mg tablets  | 100 | £4.39  |
| Cyclizine 50mg/1ml solution for injection ampoules                                  | 5   | £8.25  |
| Docusate 50mg/5ml oral solution sugar free  | 300 | £17.77 |
| Dorzolamide 20mg/ml / Timolol 5mg/ml eye drops                                      | 5   | £1.99  |
| Dorzolamide 20mg/ml / Timolol 5mg/ml eye drops<br>0.2ml unit dose preservative free | 60  | £19.56 |
| Doxycycline 100mg capsules  | 8   | £0.90  |
| Enalapril 2.5mg tablets   | 28  | £8.48  |
| Eplerenone 25mg tablets   | 28  | £11.15 |
| Eplerenone 50mg tablets   | 28  | £5.89  |
| Etoricoxib 60mg tablets   | 28  | £2.50  |
| Flecainide 100mg tablets  | 60  | £3.47  |
| Flucloxacillin 250mg/5ml oral solution  | 100 | £3.38  |
| Flucloxacillin 250mg/5ml oral solution sugar free                                   | 100 | £3.62  |
| Glycopyrronium bromide 200micrograms/1ml<br>solution for injection ampoules         | 10  | £9.93  |
| Hydrocortisone 1% cream   | 15  | £1.98  |
| Hydrocortisone 1% cream   | 30  | £3.45  |

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|---|-----|---------|
| Hydrocortisone 1% cream                         | 50  | £3.30   |
| Hydroxychloroquine 200mg tablets                | 60  | £3.45   |
| Isotretinoin 20mg capsules                      | 30  | £11.49  |
| Itraconazole 100mg capsules                     | 15  | £6.96   |
| Ivabradine 2.5mg tablets                        | 56  | £44.19  |
| Lactulose 3.1-3.7g/5ml oral solution            | 500 | £2.97   |
| Lamotrigine 100mg tablets                       | 56  | £2.15   |
| Lamotrigine 50mg tablets                        | 56  | £1.94   |
| Lansoprazole 15mg orodispersible tablets        | 28  | £2.90   |
| Lansoprazole 30mg orodispersible tablets        | 28  | £5.21   |
| Latanoprost 50micrograms/ml eye drops           | 2.5 | £1.88   |
| Letrozole 2.5mg tablets                         | 14  | £4.22   |
| Levetiracetam 100mg/ml oral solution sugar free | 300 | £10.36  |
| Lofepamine 70mg tablets                         | 56  | £14.50  |
| Mebeverine 200mg modified-release capsules      | 60  | £5.44   |
| Mebeverine 50mg/5ml oral suspension sugar free  | 300 | £214.96 |
| Mercaptopurine 50mg tablets                     | 25  | £9.42   |
| Methylphenidate 10mg tablets                    | 30  | £3.08   |
| Metoprolol 50mg tablets                         | 28  | £2.25   |

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|--|-----|--------|
| Midazolam 10mg/2ml solution for injection ampoules | 10  | £6.29  |
| Mometasone 0.1% cream                              | 30  | £4.14  |
| Mometasone 0.1% ointment                           | 30  | £4.20  |
| Montelukast 10mg tablets                           | 28  | £1.44  |
| Moxonidine 200microgram tablets                    | 28  | £5.29  |
| Mycophenolate mofetil 500mg tablets                | 50  | £7.15  |
| Naftidrofuryl 100mg capsules                       | 84  | £10.24 |
| Ondansetron 4mg tablets                            | 10  | £7.10  |
| Orlistat 120mg capsules                            | 84  | £24.19 |
| Oxycodone 5mg/5ml oral solution sugar free         | 250 | £9.60  |
| Pantoprazole 20mg gastro-resistant tablets         | 28  | £3.85  |
| Pantoprazole 40mg gastro-resistant tablets         | 28  | £4.37  |
| Perindopril erbumine 4mg tablets                   | 30  | £1.50  |
| Perindopril erbumine 8mg tablets                   | 30  | £1.87  |
| Phenoxymethylpenicillin 125mg/5ml oral solution    | 100 | £7.63  |
| Pizotifen 1.5mg tablets                            | 28  | £1.81  |
| Pramipexole 180microgram tablets                   | 30  | £9.00  |
| Pregabalin 225mg capsules                          | 56  | £2.57  |



|  |     |        |
|--|-----|--------|
| Pregabalin 300mg capsules                          | 56  | £3.12  |
| Pregabalin 75mg capsules                           | 56  | £2.10  |
| Prochlorperazine 3mg buccal tablets                | 50  | £8.09  |
| Prochlorperazine 5mg tablets                       | 28  | £1.96  |
| Quetiapine 25mg tablets                            | 60  | £1.48  |
| Quinine sulfate 200mg tablets                      | 28  | £8.45  |
| Rasagiline 1mg tablets                             | 28  | £16.04 |
| Risperidone 1mg/ml oral solution sugar free        | 100 | £3.13  |
| Risperidone 500microgram tablets                   | 20  | £3.19  |
| Rizatriptan 10mg orodispersible tablets sugar free | 3   | £5.49  |
| Ropinirole 250microgram tablets                    | 12  | £6.15  |
| Ropinirole 2mg tablets                             | 28  | £18.40 |
| Ropinirole 500 micrograms tablets                  | 28  | £12.73 |
| Rosuvastatin 10mg tablets                          | 28  | £1.15  |
| Rosuvastatin 20mg tablets                          | 28  | £3.74  |
| Rosuvastatin 40mg tablets                          | 28  | £1.70  |
| Rosuvastatin 5mg tablets                           | 28  | £1.00  |
| Simvastatin 80mg tablets                           | 28  | £1.51  |

|  |     |         |
|--|-----|---------|
| Sodium chloride 0.9% nebuliser liquid 2.5ml unit dose ampoules | 20  | £9.50   |
| Spironolactone 100mg tablets                                   | 28  | £4.56   |
| Spironolactone 25mg tablets                                    | 28  | £1.84   |
| Spironolactone 50mg tablets                                    | 28  | £3.98   |
| Sulpiride 200mg/5ml oral solution sugar free                   | 150 | £101.58 |
| Tacrolimus 0.1% ointment                                       | 60  | £39.41  |
| Tacrolimus 0.1% ointment                                       | 30  | £21.78  |
| Tamsulosin 400microgram modified-release capsules              | 30  | £1.44   |
| Terbinafine 1% cream   | 15  | £3.07   |
| Terbinafine 1% cream   | 30  | £6.15   |
| Topiramate 100mg tablets                                       | 60  | £12.28  |
| Travoprost 40micrograms/ml / timolol 5mg/ml eye drops          | 2.5 | £5.17   |
| Valaciclovir 500mg tablets                                     | 10  | £14.39  |
| Warfarin 1mg tablets   | 28  | £0.84   |
| Warfarin 5mg tablets   | 28  | £1.34   |
| Zolmitriptan 2.5mg orodispersible tablets sugar free           | 6   | £20.69  |
| Zolmitriptan 2.5mg tablets                                     | 6   | £16.50  |

|                            |    |        |
|----------------------------|----|--------|
| Zolmitriptan 2.5mg tablets | 12 | £33.00 |
| Zopiclone 3.75mg tablets   | 28 | £1.78  |
| Zopiclone 7.5mg tablets    | 28 | £1.53  |

# Appendix 3a – Changes to local pharmacy hours York

| Pharmacy Trading Name   | Contract type | Future                                | Hours Currently Provided   | Hours to be Provided  | Total hours lost |
|---|---------------|---------------------------------------|--|---|------------------|
| Citywide Health - Haxby Pharmacy<br>6 Wyre Court<br>Wigginton<br>YO32 2ZB         | 100 hour      | Hours reduction notification received | Monday to Saturday<br>07:30 - 22:30<br>Sunday 09:00 - 19:00  | Monday to Saturday 09:00 - 21:00<br>Sunday 09:00 - 19:00<br>82hrs from 5/07/23  | 18               |
| Citywide Health - Huntington Pharmacy<br>1-3 North Lane<br>Huntington<br>YO32 9RU | 100 hour      | Closing 27/05/2023                    | Monday to Friday<br>07:00 - 23:00<br>Saturday 07:00 - 19:00<br>Sunday 09:00 - 17:00                          | N / A   | 95               |
| Monkbar Pharmacy<br>3 Goodramgate<br>YO1 7LJ                                      | 100 hour      | Hours reduction notification received | Monday to Saturday<br>07:30 - 22:30<br>Sunday 08:30 - 18:30  | Monday 09:30 - 14:30, 15:00 - 21:00<br>Tuesday to Friday 09:15-14:30, 15:00-21:00<br>Saturday 15:30 - 21:00<br>Sunday 08:30-14:30, 15:00-19:00<br>72 core hrs from 31/07/23 | 28               |
| Tesco Pharmacy<br>Askham Bar<br>Tadcaster Road<br>YO24 1LW                        | 100 hour      | Hours reduction notification received | Monday 08:00 - 22:30<br>Tuesday to Friday<br>06:30 - 22:30<br>Saturday 06:30 - 22:00<br>Sunday 10:00 - 16:00 | Monday to Saturday 09:00 - 21:00<br>Sunday 10:00 - 16:00<br>72hrs from 29/8/23  | 22.5             |
| The Priory Pharmacy<br>Cornlands Road<br>Acomb<br>YO24 3WX                        | 100 hour      | Hours reduction notification received | Monday to Saturday<br>08:00 - 23:00<br>Sunday 10:00 - 20:00  | Monday to Friday 08:00 - 21:00<br>Saturday 10:00 - 21:00<br>Sunday 09:00 - 19:00<br>74hrs from 31st July 23   | 26               |

|   |          |                       |  |       |       |
|---|----------|-----------------------|--|-------|-------|
| Lloyds Pharmacy Ltd<br>Sainsbury's Store<br>Monks Cross<br>YO32 9LG | standard | Closing<br>23/04/2023 | Monday to Saturday<br>08:00 - 22:00<br>Sunday 10:00 - 16:00      | N / A | 90    |
| Boots UK Limited<br>1 Kings Square<br>YO1 8BH                       | standard | Closing<br>28/10/2023 | Monday to Friday<br>09:00 - 17:30<br>Saturday & Sunday<br>closed |       | 42.5  |
| Reduction in hours  |          |                       |  |       | 94.5  |
| Lost hours due to closures  |          |                       |  |       | 227.5 |
| TOTAL   |          |                       |  |       | 322   |

# Appendix 3b – Changes to local pharmacy hours North Yorkshire

| Pharmacy Trading Name  | Contract type | Future   | Hours Currently Provided  | Hours to be Provided   | Total hours lost |
|--|---------------|--|---|--|------------------|
| Tesco Pharmacy<br>Station Road<br>Thirsk YO7 1PZ   | 100 hour      | Hours reduction notification received                                  | Monday 08:00 - 22:30<br>Tuesday to Friday 06:30 - 22:30<br>Saturday 06:30 - 22:00<br>Sunday 10:00 - 16:00 | Monday to Saturday 09:00 - 21:00<br>Sunday 10:00 - 16:00<br>72hrs from 29/08/23  | 22.5             |
| Tesco Pharmacy<br>Gough Road<br>Catterick Garrison<br>DL9 3EN                            | 100 hour      | Reducing to 78hrs from 27/07/2023<br>Permanently closing on 20/08/2023 | Monday to Friday 06:30 - 22:30<br>Saturday 06:30 - 22:00<br>Sunday 10:00 - 16:00                          | N / A  | 101.5            |
| Tesco Pharmacy<br>East Road<br>Northallerton DL6 1NP                                     | 100 hour      | Hours reduction notification received                                  | Monday 08:00 - 22:30<br>Tuesday to Friday 06:30 - 22:30<br>Saturday 06:30 - 22:00<br>Sunday 10:00 - 16:00 | Monday to Saturday 09:00 - 21:00<br>Sunday 10:00 - 16:00<br>72hrs from 29/08/23  | 22.5             |
| WELL Pharmacy<br>Kingswood Medical Centre<br>14 Wetherby Road<br>Harrogate HG2 7SA       | 100 hour      | Hours reduction notification received                                  | Monday to Friday 06:30 - 22:00<br>Saturday 08:00 - 22:00<br>Sunday 09:30 - 18:00                          | Monday to Friday 09:00 - 21:00<br>Saturday 09:00 - 21:00<br>Sunday 09:30 - 18:00<br>80.5hrs from 9/07/23   | 19.5             |
| Your Local Boots Pharmacy<br>Unit 4a<br>St James Retail Park<br>Knaresborough<br>HG5 8PZ | 100 hour      | Hours reduction notification received                                  | Monday to Friday 08:00 - 24:00<br>Saturday 09:00 - 23:00<br>Sunday 10:00 - 16:00                          | Monday to Friday 08:30 - 13:00, 14:00 - 21:00<br>Saturday 09:00 - 13:00, 14:00 - 21:00<br>Sunday 10:00 - 16:00<br>Monday to Saturday Supplementary hours 13:00 - 14:00<br>74.5hrs from 14/9/23 | 25.5             |
| Lloyds Pharmacy Ltd<br>Wetherby Road<br>Harrogate HG2 8QZ                                | standard      | Closing 14/05/2023   | Monday to Saturday 08:00 - 22:00<br>Sunday 10:00 - 16:00  | N / A  | 78               |

|   |          |   |  |       |       |
|---|----------|---|--|-------|-------|
| Lloyds Pharmacy Ltd Sainsbury's Store Falsgrave Road Scarborough YO12 5EA | standard | Closing 25/07/2023.<br>All Lloyds in Sainsbury's closed on 13/06/2023 | Monday to Friday 07:00 - 23:00<br>Saturday 07:00 - 22:00<br>Sunday 10:00 - 16:00 | N / A | 101   |
| reduction in hours  |          |   |  |       | 90    |
| total loss of hours   |          |   |  |       | 280.5 |
| TOTAL Lost  |          |   |  |       | 370.5 |

# Appendix 4 – Journey of a prescription

## What happens when you put in a repeat prescription?

**Day 1:** You realise you need more medication. On this day you request a repeat prescription. This could be via an app or online system or by dropping a slip in to the GP. Your GP surgery receives your request. If you dropped the slip off late or sent the electronic request later in the day, it is likely to now be....

**Day 2:** Your GP surgery sorts their post and accesses their emails. Your prescription request is in with all the other correspondence. They check the request. If you do not need a review, they issue the prescription pending counter signing.

Some GP surgery apps will send an email here saying your prescription has been released. At this point, a GP still needs to sign the prescription off (counter signing). People over 50 have a named GP. Their prescriptions will be sent to this named GP even if they are not currently at work.

Most medications need to be reviewed from time to time. Some apps will tell you if you need a review when you make a request. GPs may provide one month's supply to keep you going until you can get a review. If you order several medicines, the GP will only hold back the ones needing to be reviewed. You might only find out you need a review when you collect most of your medicines.

So, assuming you don't need a review, and your GP countersigns the prescription – they then send it to something called the NHS central 'Spine'. The 'Spine' is the digital central point for key NHS online



services and allowing the exchange of information across local and national NHS systems. Your demographic information is stored on the NHS Spine. This includes your nominated pharmacy.

Hopefully, by now it is the end of **day 2**. But it could be **day 3**. In which case...

**Day 4:** Pharmacy staff arrive at work. They log on to the pharmacy computer system. They pull down prescriptions from the Spine. This might be anything from 40 to 1,000 prescriptions depending on the pharmacy and the population it serves. **Some may be clearly marked as urgent, but most won't be.**

A member of the pharmacy team will start to go through them one by one. They first check that the prescription is valid, and the prescriber is allowed to prescribe the medicine selected. They then check for stock. If they have stock, they bag it, attach the label, and the item is ready for collection.

**Where items are not in stock, the pharmacy places an order for them. Delivery from the supplier may take another 2 days.**

Where this happens, this means the prescription has taken around **7 days** to supply from first being requested.

**Is that the end of the journey of a prescription for pharmacies?**

No. Pharmacy staff then fill in online forms to claim the fees associated with supplying the medication, and other services they provide. They must always complete at least 1 form. In most cases, they complete forms on 2 online systems. Occasionally they are required to fill in 3.

### **Why are we seeing more stock shortages?**

At any given moment, there can be 100– 150 different medicines that are hard for pharmacies to get. For example, recently there was a nationwide shortage of clarithromycin. Community pharmacies have to compete for limited drug stocks with private pharmacies. As they can charge more for filling a prescription, suppliers are likely to prioritise their orders.

### **Do pharmacies get the full cost of the medicines they supply?**

Community pharmacies will be able to reclaim the NHS drug tariff. Basically, the Government assumes pharmacies can get a discount on the medicines they buy, so they claw back 10%. But some wholesalers only give, say, a 3% discount, so pharmacies can only fill that prescription at a loss.

A recent example of this is ivabradine, prescribed for heart failure. It is a lifesaving drug. However, in the past few months, the wholesale price rose to £40.17 per pack. Until 30 March, the NHS drug tariff priced it at £19.86. So, for a patient prescribed 4 packs of the drug, the pharmacist makes **a net loss of £81.24** when they fulfil the prescription. Thankfully now the NHS price for this particular drug has been increased to £40.17.

### **What can I do if my pharmacy can't get the medication I need?**

As different pharmacies use different suppliers, it is worth phoning round to check. You can ask your usual pharmacy to print out your prescription so any pharmacy with stock can fill it.

### **Why don't pharmacies carry more stock?**

Even small pharmacies have stock on their shelves worth £30–50,000. Few have the funds or the space to keep more products in stock.

### **What if I don't collect my medicines?**

Pharmacies only get **3 working days** to return most medicines. They cannot send back any that are kept in the fridge, or controlled drugs. Any commonly used medicines can be issued to another patient if you let the pharmacy know you do not intend to collect your prescription.

### **How can we help our community pharmacies?**

- Order repeat prescriptions in good time, but only order medicines you still use.
- Be patient, especially if you turn up first thing in the morning.
- Set yourself reminders for medication reviews as needed – your GP should tell you how often each of your medications need to be reviewed.

# Appendix 5 – A day in the life

**From Healthwatch York Winter Magazine 2023**

**Tracey, Pharmacist at Copmanthorpe Pharmacy. Tracey gives us an insight into a day at Copmanthorpe Pharmacy.**

Copmanthorpe Pharmacy is a small independent pharmacy offering a range of services including NHS prescriptions, seasonal vaccinations, blood pressure checks, emergency contraception and a stop smoking service.

## **Can you tell us about a normal day?**

The Pharmacy is open from 9am to 6pm every day, with a one-hour break for lunch, but I arrive at 8am as there are so many things to do before the pharmacy actually opens. This includes reading and responding to emails, the eternal admin, catching up on any work left over from the day before, and cleaning.

We never know what the day will bring. At the beginning of the week, it is always busier as people have time to make prescription requests over the weekend. We don't know who will walk through the door with an urgent medication request or asking for advice and needing to be seen immediately, so we have to be ready for anything!

Electronic prescription requests arrive on the pharmacy computer system, known as the 'Spine'. They are downloaded and then prepared by the team. At Copmanthorpe Pharmacy I work with two pharmacy technicians who have specialist training in preparing prescriptions and provide information on medication, and two dispensers.

In order to fulfil the prescriptions, I have to order and pay for stock in advance. The NHS pays us in arrears for these costs in a process that takes about three months, and we do not know in advance how much we

will receive for certain medications or whether it will cover the cost to us. Sometimes the amount we are paid will be reduced by 20% based on an assumption that we have received a bulk purchase discount, whether or not we have received such a discount.

Currently stock shortages are a big problem, and we regularly order medication that appears to be in stock and then it just isn't delivered, which is hugely frustrating. Explaining to a patient that their medicine hasn't been delivered and we don't know when it might arrive can be very upsetting and worrying for the patient.

Once a prescription has been dispensed, we need to claim the cost back. This involves scanning every item that goes out daily. We also have to make sure that exemptions are applied properly, because if someone doesn't pay and doesn't have an exemption, then the pharmacy will lose money.

My day at the pharmacy ends with cashing up the tills and banking the money, then completing the paperwork and reports that need to be submitted. I try to leave at 6 o'clock each evening, but I will have further paperwork and emails to deal with when I get home.

### **What additional services do you offer at the Pharmacy?**

We run a number of additional services. At this time of the year, we are very busy with flu vaccinations. We also offer a hypertension case-finding service, where blood pressure checks are offered to people over 40 to identify undiagnosed cardiovascular disease; a new medicine service, supporting people who are prescribed medication for the first time; and a discharge medicine service – making sure that a person has the medication they need at home when they are discharged from hospital. The minor ailments service is a new service which was announced recently. This will extend the pharmacist's options to treat illnesses such as earaches, sore throats, sinusitis, impetigo, shingles, infected insect bites

and urinary tract infections. We know this is coming but we are still waiting to see a contract for these services. (This service has now launched.)

**What are the frustrations of your work?**

The increasing amount of red tape, form filling and rising costs. These make everything more difficult and reduce the time I have to do my core work. Even though all costs have risen recently, the payment per prescription hasn't changed in 6 years. So there are huge financial challenges as well as service expectations.

**What is the best part of your job?**

In a day I cover many roles: being the responsible pharmacist, overseeing colleagues, counselling patients, managing the staff and the shop, administrator, accountant, educator and information service, but the best part is doing the job I was trained to do: helping patients to get the best outcomes.



# healthwatch York

Healthwatch York  
Priory Street Centre  
15 Priory Street  
York  
YO1 6ET

[www.healthwatchyork.co.uk](http://www.healthwatchyork.co.uk)

t: 01904 621133

e: [healthwatch@yorkcvs.org.uk](mailto:healthwatch@yorkcvs.org.uk)

 [@healthwatchyork](https://twitter.com/healthwatchyork)

 [Facebook.com/HealthwatchYork](https://www.facebook.com/HealthwatchYork)

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